

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Washington**
 Month/Year: **May/2023**

System Name: **Banks Water Department** ID#: **41 00076** WTP : TP - **A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day 1 [NTU]
1	0.04	0.04	0.03	0.01	0.01	0.01	0.05
2	0.02	0.02	0.01	0.01	0.01	0.01	0.09
3	0.01	0.02	0.01	0.01	0.01	0.01	0.05
4	0.04	0.04	0.02	0.02	0.02	0.02	0.1
5	0.01	0.01	0.01	0.01	0.02	0.14	0.15
6	0.15	0.13	0.13	0.12	0.12	0.12	0.14
7	0.12	0.12	0.12	0.12	0.11	0.12	0.14
8	0.12	0.12	0.12	0.12	0.12	0.12	0.13
9	0.12	0.12	0.12	0.12	0.12	0.11	0.13
10	0.12	0.13	0.12	0.12	0.11	0.11	0.13
11	0.12	0.13	0.13	0.12	0.12	0.12	0.17
12	0.14	0.16	0.15	0.13	0.12	0.12	0.18
13	0.15	0.18	0.15	0.13	0.13	0.13	0.2
14	0.17	0.22	0.17	0.15	0.13	0.14	0.23
15	0.2	0.25	0.19	0.15	0.13	0.15	0.27
16	1.25	0.21	0.16	0.15	0.16	0.15	1.25
17	0.23	0.36	0.28	0.2	0.19	0.19	0.45
18	0.3	0.78	1.07	1.15	4.48	0.08	4.48
19	0.15	0.12	0.05	0.04	0.03	0.04	0.23
20	0.1	0.08	0.04	0.03	0.01	0.02	0.11
21	0.07	0.06	0.03	0.01	0.01	0.01	0.08
22	0.04	0.04	0.01	0.01	0.01	0.01	0.04
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01	0.01	0.01	0.01	0.01	0.01	0.03
25	0.01	0.01	0.01	0.01	0.01	0.01	0.01
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27	0.01	0.01	0.01	0.01	0.01	0.01	0.01
28	0.01	0.01	0.01	0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01	0.01	0.01	0.01
30	0.01	0.01	0.01	0.01	0.01	0.01	0.01
31	0.01	0.01	0.01	0.01	0.01	0.01	0.01

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No		

Notes: High Turbidity caused by equipment failure, not actual. Total numbers still reflect 95% below 1 NTU and was therefore not adjusted for the average.

PRINTED NAME: Jeffrey Olson
SIGNATURE: *Jeffrey Olson* **DATE:** 06/02/2023
PHONE #: (503)-554-8333 ex. 109 **CERT #:** T-766039

1 Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. 2 Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A
 Disinfection Giardia Log
 Inactiv: 1.0

System Name: Banks Water Department ID#: 41 00076 Month/Year:

Date / Time	Minimum Cl ₂ Residual at 1st User (C) 3	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? 3	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.14	201	229.1	13.56	7.75	40.2	YES	215
2	1.16	201	233.2	13.39	7.73	40.5	YES	215
3	1.15	201	231.2	13.56	7.71	39.7	YES	215
4	1.15	201	231.2	13.78	7.71	39.1	YES	215
5	1.16	201	233.2	12.39	7.56	40.6	YES	215
6	1.13	201	227.1	12.89	7.55	39.0	YES	215
7	1.11	201	223.1	13.06	7.52	38.1	YES	215
8	1.11	201	223.1	12.94	7.51	38.2	YES	215
9	1.12	201	225.1	12.89	7.49	38.1	YES	215
10	1.14	201	229.1	12.78	7.52	38.9	YES	215
11	1.13	201	227.1	12.28	7.49	39.7	YES	215
12	1.11	201	223.1	13.17	7.54	38.1	YES	215
13	1.02	201	205.0	13.83	7.55	36.2	YES	215
14	1.03	201	207.0	14.78	7.59	34.5	YES	215
15	1.17	201	235.2	16.33	7.64	32.2	YES	215
16	1.17	201	235.2	16.33	7.64	32.2	YES	215
17	1.13	201	227.1	16.44	7.68	32.3	YES	215
18	1.03	201	207.0	16.22	7.66	32.2	YES	215
19	1.01	201	203.0	16.89	7.76	31.9	YES	215
20	0.87	201	174.9	16.67	7.76	31.8	YES	215
21	0.92	201	184.9	16.67	7.79	32.4	YES	215
22	0.94	201	188.9	16.17	7.79	33.5	YES	215
23	1.24	201	249.2	15.50	7.76	35.9	YES	215
24	1.27	201	255.3	13.72	7.71	39.8	YES	215
25	1.25	201	251.3	14.83	7.77	37.7	YES	215
26	1.22	201	245.2	15.17	7.73	36.2	YES	215
27	1.25	201	251.3	15.83	7.64	33.6	YES	215
28	1.33	201	267.3	16.00	7.56	32.6	YES	215
29	1.42	201	285.4	15.50	7.55	33.9	YES	215
30	1.45	201	291.5	15.22	7.51	34.1	YES	215
31	1.39	201	279.4	14.83	7.49	34.5	YES	215

3 If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350