

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

County: **Washington**
 Month/Year: **August/2024**

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	0.16	0.15	0.14	0.12	0.11	0.11	0.3
2	0.12	0.15	0.15	0.14	0.12	0.14	0.16
3	0.14	0.3	0.19	0.19	0.18	0.15	0.45
4	0.16	0.18	0.23	0.25	0.27	0.17	0.42
5	0.24	0.22	0.27	0.32	0.27	0.17	0.32
6	0.16	0.19	0.19	0.19	0.12	0.11	0.20
7	0.16	0.18	0.22	0.23	0.2	0.15	0.33
8	0.19	0.19	0.24	0.26	0.22	0.16	0.38
9	0.16	0.19	0.31	0.31	0.24	0.16	0.42
10	0.16	0.2	0.31	0.32	0.24	0.16	0.34
11	0.17	0.22	0.34	0.34	0.24	0.17	0.39
12	0.18	0.22	0.33	0.31	0.23	0.16	0.45
13	0.16	0.18	0.19	0.17	0.15	0.14	0.2
14	0.14	0.14	0.14	0.14	0.12	0.12	0.16
15	0.12	0.14	0.14	0.12	0.12	0.12	0.15
16	0.12	0.12	0.12	0.11	0.11	0.09	0.14
17	0.09	0.11	0.1	0.09	0.09	0.11	0.16
18	0.09	0.09	0.11	0.09	0.09	0.09	0.13
19	0.09	0.09	0.09	0.09	0.08	0.08	0.32
20	0.09	0.12	0.11	0.09	0.09	0.09	0.14
21	0.09	0.11	0.11	0.11	0.09	0.09	0.14
22	0.11	0.09	0.09	0.09	0.09	0.09	0.23
23	0.09	0.11	0.11	0.09	0.09	0.11	0.12
24	0.09	0.09	0.09	0.09	0.09	0.09	0.16
25	0.09	0.11	0.1	0.09	0.09	0.09	0.24
26	0.09	0.11	0.11	0.09	0.09	0.08	0.19
27	0.09	0.09	0.11	0.09	0.09	0.08	0.11
28	0.09	0.1	0.09	0.09	0.08	0.08	0.11
29	0.08	0.09	0.09	0.09	0.08	0.08	0.11
30	0.09	0.09	0.11	0.09	0.08	0.09	0.11
31	0.09	0.11	0.11	0.09	0.09	0.09	0.14

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 2	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: Troy Van Roekel		
	SIGNATURE: <i>Troy Van Roekel</i>		DATE:
	PHONE #: 503-809-1349		T-9282 D-3805

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**

System Name: **Banks Water Department ID#: 41 00076 Month/Year:** **Disinfection Giardia Log Inactiv: 1.0**

Date / Time	Minimum Cl2 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	0.81	201	162.8	17.83	7.37	25.3	YES	185
2	0.82	201	164.8	18.44	7.36	24.2	YES	175
3	0.74	201	148.7	18.44	7.38	24.2	YES	176
4	0.67	201	134.7	18.17	7.42	24.8	YES	172
5	0.61	201	122.6	17.83	7.45	25.5	YES	168
6	0.65	201	130.7	17.44	7.51	26.9	YES	173
7	0.77	201	154.8	17.33	7.55	27.8	YES	180
8	0.87	201	174.9	17.94	7.56	27.1	YES	174
9	0.92	201	184.9	18.39	7.55	26.4	YES	182
10	0.76	201	152.8	18.22	7.58	26.5	YES	170
11	0.68	201	136.7	17.94	7.58	26.8	YES	168
12	0.66	201	132.7	17.83	7.6	27.1	YES	172
13	0.71	201	142.7	17.78	7.61	27.4	YES	151
14	0.69	201	138.7	17.67	7.6	27.5	YES	143
15	0.68	201	136.7	18.06	7.53	26.1	YES	169
16	0.80	201	160.8	17.94	7.48	26.1	YES	152
17	0.85	201	170.9	17.61	7.43	26.4	YES	150
18	0.84	201	168.8	17.56	7.38	26.0	YES	142
19	0.84	201	168.8	17.22	7.35	26.3	YES	138
20	0.86	201	172.9	17.28	7.34	26.1	YES	140
21	0.89	201	178.9	17.17	7.32	26.2	YES	157
22	0.89	201	178.9	17.06	7.31	26.3	YES	144
23	0.88	201	176.9	16.78	7.31	26.8	YES	145
24	0.87	201	174.9	16.28	7.31	27.6	YES	145
25	0.88	201	176.9	16.50	7.31	27.3	YES	144
26	0.81	201	162.8	16.28	7.29	27.2	YES	163
27	0.76	201	152.8	16.17	7.28	27.2	YES	172
28	0.74	201	148.7	15.39	7.29	28.7	YES	141
29	0.75	201	150.8	15.56	7.31	28.6	YES	145
30	0.71	201	142.7	16.00	7.31	27.7	YES	147
31	0.71	201	142.7	16.61	7.31	26.5	YES	155

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