

OHA - Drinking Water Program - Surface Water Quality Data Form

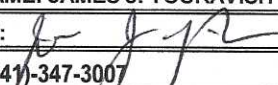
County: **COOS**
 Month/Year: **Jul-21**

Conventional or Direct Filtration

System Name: ☰ ID#: 4100074 WTP : TP -

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	0.05	0.04	0.04	0.04	OFF	OFF	0.05
2	0.05	0.05	0.04	0.03	0.04	0.04	0.05
3	OFF	0.04	0.04	0.04	0.03	OFF	0.04
4	0.04	0.16	0.04	0.03	0.03	OFF	0.16
5	0.04	0.11	0.04	0.04	0.03	0.04	0.11
6	OFF	0.04	0.04	0.04	0.03	OFF	0.04
7	0.04	0.04	0.04	0.05	0.03	OFF	0.05
8	0.04	0.04	0.04	0.04	0.04	0.03	0.04
9	0.04	0.12	0.04	0.03	0.04	0.04	0.12
10	0.04	0.08	0.04	0.03	0.03	OFF	0.08
11	0.04	0.04	0.04	0.04	0.04	OFF	0.04
12	0.04	0.05	0.04	0.04	0.03	OFF	0.05
13	0.04	0.05	0.04	0.03	0.04	0.04	0.05
14	OFF	0.12	0.04	0.04	0.04	0.04	0.12
15	OFF	0.09	0.42	0.04	0.04	0.04	0.09
16	OFF	0.04	0.04	0.04	0.04	OFF	0.04
17	0.04	0.04	0.04	0.04	0.05	0.04	0.05
18	OFF	0.04	0.04	0.04	0.04	0.04	0.04
19	0.04	0.11	0.04	0.04	0.04	0.04	0.11
20	OFF	0.08	0.05	0.04	0.04	0.04	0.08
21	OFF	0.04	0.04	0.04	0.04	0.03	0.04
22	OFF	0.04	0.05	0.04	0.03	0.03	0.05
23	OFF	0.05	0.04	0.20	0.08	OFF	0.20
24	OFF	0.04	0.04	0.04	0.04	0.04	0.04
25	0.04	0.11	0.04	0.04	0.03	0.04	0.11
26	0.04	0.09	0.04	0.04	0.04	0.04	0.09
27	0.04	0.05	0.05	0.08	0.05	OFF	0.08
28	0.04	0.04	0.04	0.04	0.04	OFF	0.04
29	OFF	0.07	0.04	0.14	0.06	0.04	0.14
30	OFF	0.10	0.04	0.04	0.07	0.04	0.10
31	0.04	0.08	0.04	0.04	0.04	0.04	0.08

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: 	DATE: 8-3-21
	PHONE #: (541)-347-3007	CERT #: T-09155

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 IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

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System Name:						ID#: 4100074		Month/Year:		WTP - :	
						Jul-21		Disinfection <i>Giardia</i> Log Inactiv:		0.5	
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	0.62	445	275.9	16.7	7.80	15.7	YES	1044			
2	0.61	445	271.5	16.4	7.77	15.8	YES	1317			
3	0.64	445	284.8	16.4	7.69	15.4	YES	822			
4	0.66	445	293.7	16.4	7.67	15.3	YES	778			
5	0.65	445	289.3	16.7	7.63	14.8	YES	855			
6	0.069	445	30.7	16.5	7.65	14.1	YES	840			
7	0.75	445	333.8	16.4	7.68	15.5	YES	816			
8	0.75	445	333.8	16.3	7.71	15.8	YES	766			
9	0.79	445	351.6	16.3	7.63	15.4	YES	934			
10	0.85	445	378.3	16.2	7.63	15.6	YES	723			
11	0.9	445	400.5	16.1	7.79	16.8	YES	779			
12	0.91	445	405.0	15.9	7.75	16.8	YES	714			
13	0.91	445	405.0	15.6	7.76	17.2	YES	927			
14	0.88	445	391.6	15.8	7.72	16.6	YES	845			
15	0.84	445	373.8	15.7	7.70	16.5	YES	983			
16	0.82	445	364.9	15.9	7.72	16.4	YES	789			
17	0.78	445	347.1	16.0	7.74	16.3	YES	774			
18	0.77	445	342.7	16.1	7.74	16.2	YES	1178			
19	0.75	445	333.8	16.0	7.74	16.3	YES	859			
20	0.75	445	333.8	16.2	7.68	15.7	YES	731			
21	0.72	445	320.4	16.1	7.70	15.9	YES	985			
22	0.71	445	316.0	16.4	7.75	15.8	YES	1091			
23	0.72	445	320.4	16.4	7.73	15.8	YES	1007			
24	0.71	445	316.0	16.5	7.75	15.7	YES	784			
25	0.73	445	324.9	16.5	7.80	16.1	YES	843			
26	0.71	445	316.0	16.5	7.68	15.3	YES	883			
27	0.69	445	307.1	16.4	7.73	15.7	YES	810			
28	0.66	445	293.7	16.4	7.77	15.9	YES	890			
29	0.65	445	289.3	16.6	7.71	15.3	YES	1029			
30	0.65	445	289.3	16.8	7.74	15.3	YES	828			
31	0.65	445	289.3	16.7	7.68	15.0	YES	751			

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