

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

County: Madison
 Month/Year: Nov/2024
 WTP: TP -

System Name:

ID#: 41



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	0.01	0.01	0.01	0.01	0.01	0.01	0.01
2	0.01	0.01	0.01	0.01	0.01		0.01
3							0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5	0.01	0.01	0.01				
6							
7							
8							
9	0.01	0.01	0.01	0.01	0.01	0.01	0.01
10	0.01	0.01	0.01	0.01	0.01	0.01	0.01
11	0.01	0.01	0.01	0.01	0.01		0.01
12							
13							
14	0.01			0.01	0.01	0.01	0.01
15	0.01	0.01		0.01	0.01	0.01	0.01
16	0.01	0.01	0.01	0.01	0.01	0.01	0.01
17	0.01	0.01	0.01	0.01	0.01	0.01	0.01
18	0.01	0.01	0.01	0.01		0.01	0.01
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20	0.01	0.01	0.01		0.01		0.01
21			0.01				0.01
22					0.01	0.01	0.01
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
25	0.01	0.01	0.01			0.01	0.01
26		0.01	0.01	0.01		0.01	0.01
27	0.01		0.01	0.01	0.01	0.01	0.01
28	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							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>12-3-24</u>
		PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>

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.

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1							
2							
3							
4							
5							
6						0.01	0.01
7	0.01	0.01	0.01	0.01	0.01	0.01	0.01
8	0.01			0.01	0.01	0.01	0.01
9	0.01	0.01	0.01	0.01			0.01
10							0.01
11	0.01		0.01				0.01
12			0.01				0.01
13				0.01	0.01	0.01	0.01
14	0.01	0.01			0.01		0.01
15							
16				0.01			0.01
17							
18				0.01	0.01	0.01	0.01
19	0.01						
20				0.01			0.01
21	0.01	0.01	0.01		0.01	0.01	0.01
22	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01				0.01	0.01	0.01
25	0.01		0.01	0.01			0.01
26							
27							
28							
29						0.01	0.01
30				0.01			0.01
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings \leq 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
Notes:	PRINTED NAME: <u>Robert Bruce</u>		
	SIGNATURE: <u>[Signature]</u>	DATE: <u>12-3-24</u>	
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>	

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OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

System Name: Detroit OR ID#: 41

Month/Year: Nov 2024

Disinfection *Giardia* 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	1.0	64	64	11.5	7.5	27	Yes	110
2	1.0	64	64	12.0	7.4	27	Yes	100
3	.9	66	60	13.3	7.2	22	Yes	110
4	1.1	66	72	11.6	7.2	27	Yes	130
5	1.3	66	85	10.3	7.1	28	Yes	130
6	1.3	66	85	10.2	7.1	28	Yes	75
7	1.1	66	72	9.5	7.0	27	Yes	130
8	.9	66	60	9.7	7.2	22	Yes	130
9	1.0	66	66	9.9	7.4	27	Yes	150
10	.9	66	60	10.1	7.7	22	Yes	120
11	1.0	66	66	10.2	7.8	27	Yes	120
12	1.0	66	66	10.0	7.8	27	Yes	75
13	1.0	66	66	9.8	8.0	27	Yes	90
14	1.0	66	66	9.8	8.0	27	Yes	125
15	1.0	66	66	8.9	7.5	27	Yes	125
16	1.0	66	66	8.8	7.1	27	Yes	120
17	1.3	66	85	7.5	6.6	26	Yes	125
18	1.3	66	85	7.5	6.6	26	Yes	125
19	1.3	66	85	7.5	6.5	26	Yes	125
20	1.3	64	85	7.0	6.5	26	Yes	120
21	1.2	66	79	7.0	6.4	25	Yes	100
22	1.1	66	72	7.4	6.4	27	Yes	100
23	1.2	66	79	8.0	6.4	31	Yes	128
24	1.1	64	72	6.9	6.4	27	Yes	120
25	1.0	66	66	7.7	6.5	25	Yes	120
26	1.0	66	66	7.4	6.5	25	Yes	100
27	1.0	66	66	7.4	6.6	25	Yes	120
28	.9	66	60	6.8	6.7	22	Yes	100
29	.9	66	60	6.3	7.1	30	Yes	125
30	1.0	66	66	5.8	7.4	36	Yes	130
31								

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