

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

SWD 1

County: \_\_\_\_\_

Month/Year: \_\_\_\_\_

System Name: \_\_\_\_\_ ID#: 41

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 <sup>1</sup> [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	0.01	0.01		0.01	0.01
4		0.01	0.01		0.01	0.01	0.01
5	0.01	0.01	0.01	0.01	0.01	0.01	0.01
6	0.01	0.01	0.01	0.01	0.01	0.01	0.01
7	0.01	0.01	0.01	0.01		0.01	0.01
8	0.01	0.01	0.01	0.01	0.01	0.01	0.01
9	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	0.01
12	0.01	0.01	0.01	0.01	0.01	0.01	0.01
13	0.01	0.01	0.01	0.01	0.01	0.01	0.01
14	0.01	0.01	0.01	0.01	0.01	0.01	0.01
15	0.01	0.01	0.01	0.01	0.01	0.01	0.01
16	0.01		0.01	0.01	0.01		0.01
17	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
20							
21	0.01	0.01	0.01	0.01			0.01
22							
23					0.01	0.01	0.01
24	0.01	0.01	0.01	0.01	0.01	0.01	0.01
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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<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: Robert Bruce	DATE: 1-6-25
		SIGNATURE: <i>Robert Bruce</i>	CERT #: 7136
		PHONE #: (503) 854-3496	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

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

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

System Name: SKD 2 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 <sup>1</sup> [NTU]
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20			0.01	0.01		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
23	0.01	0.01	0.01		0.01		0.01
24							
25							
26					0.01		0.01
27							
28	0.01						0.01
29				0.01		0.01	0.01
30				0.01			0.01
31					0.01		0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> 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>1-4-25</u> PHONE #: <u>(503) 854-3496</u> CERT #: <u>7136</u>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.



OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name:

ID#: 41

Month/Year: *December 2024*

Disinfection *Giardia* Log

Inactiv:

0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]							
1	1.0	66	66	5.2	7.5	30	yes	110
2	1.0	66	66	5.4	7.5	30	yes	65
3	1.0	66	66	5.7	7.5	30	yes	60
4	1.0	66	66	5.7	7.5	30	yes	65
5	1.0	66	66	5.8	7.5	30	yes	75
6	1.0	66	66	5.8	7.6	36	yes	110
7	1.3	66	85	6.4	6.8	26	yes	110
8	1.4	66	92	6.6	6.5	22	yes	110
9	1.5	66	99	6.4	6.5	22	yes	110
10	1.4	66	92	5.6	6.5	22	yes	110
11	1.4	66	92	5.5	6.4	22	yes	80
12	1.4	66	92	6.1	6.4	22	yes	75
13	1.3	66	85	6.1	6.5	21	yes	75
14	1.3	66	85	6.6	6.6	25	yes	75
15	1.2	66	79	6.4	6.6	25	yes	90
16	1.2	66	79	6.0	6.6	25	yes	100
17	1.2	66	79	6.2	6.6	25	yes	100
18	1.2	66	79	6.6	6.5	21	yes	100
19	1.1	66	72	6.2	6.5	21	yes	100
20	1.1	66	72	6.5	6.5	21	yes	75
21	1.1	66	72	7.1	7.1	21	yes	165
22	1.0	66	66	7.5	7.2	30	yes	130
23	1.0	66	66	7.9	7.3	36	yes	120
24	1.0	66	66	8.2	7.6	36	yes	130
25	1.1	66	72	7.8	7.6	37	yes	130
26	1.1	66	72	7.5	7.6	37	yes	130
27	1.0	66	66	7.2	7.6	36	yes	120
28	1.0	66	66	7.5	7.7	36	yes	150
29	1.0	66	66	6.6	7.5	30	yes	140
30	1.0	66	66	6.5	7.5	30	yes	150
31	1.0	66	66	8.3	7.7	36	yes	130

<sup>3</sup> If Cl<sub>2</sub> 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