

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems SWID 1

County: Marion
 Month/Year: Jan/2025

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 ¹ [NTU]
1	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	0.01	0.01
4	0.01		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
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	0.01
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	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
14	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	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	0.01
19	0.01	0.01		0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21	0.01	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		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
28	0.01	0.01	0.01	0.01			0.01
29				0.01	0.01	0.01	0.01
30	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 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>2-3-25</u> PHONE #: <u>(503)854-3414</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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County: Marion
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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
2	0.01						0.01
3		0.01					0.01
4			0.01	0.01			0.01
5							
6							
7							
8							
9							
10			0.01	0.01			0.01
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27				0.01			0.01
28							
29				0.01	0.01	0.01	0.01
30	0.01			0.01	0.01	0.01	0.01
31							

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 Cl ₂ 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: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>2-3-25</u>
		PHONE #: <u>(503) 854-3416</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: _____
 Disinfection *Giardia* Log Inactiv: 0.5

System Name: _____

ID#: 41

Month/Year: Jun 2025

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	66	66	7.1	7.6	36	yes	115
2	1.0	66	66	7.2	7.7	36	yes	120
3	.95	66	63	7.4	7.9	36	yes	115
4	.95	66	63	7.1	7.9	36	yes	125
5	1.0	66	66	7.3	7.9	36	yes	125
6	1.0	66	66	7.5	7.9	36	yes	115
7	1.1	66	72	6.5	7.8	36	yes	70
8	1.2	66	79	6.5	7.8	36	yes	70
9	1.2	66	79	6.3	7.8	36	yes	80
10	1.1	66	72	6.6	7.8	36	yes	125
11	1.0	66	66	6.7	7.8	36	yes	110
12	.9	66	60	6.4	7.9	36	yes	115
13	.9	66	60	6.1	8.0	36	yes	100
14	.9	66	60	5.7	8.0	36	yes	80
15	.9	66	60	5.2	7.9	36	yes	180
16	.9	66	60	5.5	8.0	36	yes	90
17	.9	66	60	5.4	8.0	36	yes	70
18	.6	66	40	4.7	8.2	34	yes	110
19	.8	66	53	6.6	8.2	35	yes	140
20	.9	66	60	6.8	8.0	36	yes	160
21	.9	66	60	5.2	8.0	36	yes	130
22	1.0	66	66	6.2	7.9	36	yes	90
23	1.0	66	66	5.1	7.9	36	yes	70
24	1.1	66	72	5.0	7.9	36	yes	70
25	1.1	66	72	5.0	7.9	36	yes	125
26	1.2	66	79	4.9	7.9	27	yes	140
27	1.2	66	79	3.5	7.8	37	yes	90
28	1.2	66	79	3.5	7.3	37	yes	120
29	1.5	66	99	5.3	6.1	22	yes	80
30	1.5	66	99	5.3	6.4	22	yes	70
31	1.5	66	99	5.3	6.5	19	yes	80

Revised November 2022

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

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
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