

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

County: 

Lane
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 Month/Year: 

June-21
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System Name: **South Coast W.D.** ID#: **41 00302** 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 <sup>1</sup> [NTU]
1				0.035			0.035
2				0.035			0.035
3				0.035			0.035
4				0.034			0.034
5				0.034			0.034
6				0.034			0.034
7				0.034			0.034
8				0.035			0.035
9				0.035			0.035
10				0.034			0.034
11				0.034			0.034
12				0.034			0.034
13				0.034			0.034
14				0.034			0.034
15				0.035			0.035
16				0.032			0.032
17	0.033	0.034	0.030	0.031	0.029	0.031	0.034
18	0.025	0.032	0.030	0.034	0.030	0.030	0.034
19	0.034	0.033	0.031	0.030	0.041	0.027	0.041
20	0.031	0.033	0.030	0.033	0.030	0.031	0.031
21	0.031	0.033	0.030	0.033	0.030	0.028	0.033
22	0.034	0.032	0.031	0.034	0.030	0.030	0.034
23	0.033	0.031	0.030	0.031	0.033	0.034	0.034
24	0.034	0.032	0.032	0.031	0.033	0.032	0.034
25	0.025	0.030	0.031	0.034	0.034	0.034	0.034
26	0.033	0.033	0.032	0.034	0.034	0.030	0.034
27	0.029	0.031	0.034	0.032	0.042	0.031	0.042
28	0.031	0.031	0.032	0.032	0.030	0.034	0.034
29	0.034	0.030	0.034	0.030	0.028	0.032	0.034
30	0.034	0.032	0.037	0.031	0.031	0.033	0.037
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU? <b>Yes</b>	<b>Yes</b>	<b>Yes</b>

<b>Notes:</b>	<b>PRINTED NAME: Daniel Reitz</b>	
	<b>SIGNATURE:</b> 	<b>DATE: 07/02/2021</b>
	<b>PHONE #: ( 541 ) 342-1718</b>	<b>CERT #: 6528</b>

<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: South Coast Water

ID#: 41

00302

Month/Year: Jun-21

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]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.59	104	61.4	19.5	7.6	12.0	yes	
2	0.55	104	57.2	21.4	7.5	10.1	yes	
3	0.54	104	56.2	21.6	7.4	9.6	yes	
4	0.59	104	61.4	18.8	7.4	11.7	yes	
5	0.56	104	58.2	20.6	7.4	10.3	yes	
6	0.57	104	59.3	19.6	7.4	11.0	yes	
7	0.55	104	57.2	20.4	7.3	10.0	yes	
8	0.59	104	61.4	18.9	7.3	11.2	yes	
9	0.56	104	58.2	20.1	7.3	10.3	yes	
10	0.53	104	55.1	21.4	7.3	9.4	yes	
11	0.59	104	61.4	19.1	7.3	11.0	yes	
12	0.56	104	58.2	20.3	7.3	10.2	yes	
13	0.56	104	58.2	20.4	7.3	10.1	yes	
14	0.51	104	53.0	22.8	7.3	8.5	yes	
15	0.56	104	58.2	20.3	7.3	10.2	yes	
16	0.55	104	57.2	20.6	7.3	10.0	yes	
17	0.53	104	55.1	21.9	7.3	9.1	yes	
18	0.58	104	60.3	18.9	7.3	11.2	yes	
19	0.57	104	59.3	19.6	7.3	10.6	yes	
20	0.54	104	56.2	20.9	7.3	9.7	yes	
21	0.53	104	55.1	21.7	7.3	9.2	yes	
22	0.55	104	57.2	20.4	7.3	10.0	yes	
23	0.55	104	57.2	20.5	7.3	10.0	yes	
24	0.52	104	54.1	22.3	7.3	8.8	yes	
25	0.55	104	57.2	20.6	7.3	9.9	yes	
26	0.50	104	52.0	23.5	7.3	8.1	yes	
27	0.46	104	47.8	25.7	7.3	6.9	yes	
28	0.50	104	52.0	23.5	7.3	8.1	yes	
29	0.53	104	55.1	21.7	7.3	9.2	yes	
30	0.51	104	53.0	22.8	7.3	8.5	yes	
31								

<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 October 2013