

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

County: **Licolon**  
 Month/Year: **Date: 12/31/2023**

System Name: **[ ]** ID#: **41 00603** 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			0.00				0.00
2			0.00				0.00
3			0.00				0.00
4			0.00				0.00
5			0.00				0.00
6			0.00				0.00
7			0.00				0.00
8			0.00				0.00
9			0.00				0.00
10			0.00				0.00
11			0.00				0.00
12			0.00				0.00
13			0.00				0.00
14			0.00				0.00
15			0.00				0.00
16			0.00				0.00
17			0.00				0.00
18			0.00				0.00
19			0.00				0.00
20			0.00				0.00
21			0.00				0.00
22			0.00				0.00
23			0.00				0.00
24			0.00				0.00
25			0.00				0.00
26			0.00				0.00
27			0.00				0.00
28			0.00				0.00
29			0.00				0.00
30			0.00				0.00
31			0.00				0.00

<b>Slow Sand Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Notes:	
PRINTED NAME: <b>Martin Klinger</b> SIGNATURE: <i>Martin Klinger</i> Date: <b>12/31/2023</b> PHONE #: <b>( 541 ) 994-4548</b> CERT #: <b>7152</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:

Panther Creek W D

ID#: 41 00603

Month/Year: Date: 12/31/2023

Disinfection *Giardia* Log

Inactiv:

1.0

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	1.37	82.6	113.2	120.0	7.52	42.0	YES	2.56
2	1.26	82.6	104.1	12.1	7.63	44.0	YES	2.87
3	1.02	82.6	84.3	12.0	7.45	38.0	YES	3.28
4	0.88	82.6	72.7	12.1	7.42	37.0	YES	3.25
5	0.90	82.6	74.3	12.012.1	7.36	36.0	YES	2.70
6	0.98	82.6	80.9	12.0	7.38	36.0	YES	2.66
7	1.08	82.6	89.2	12.1	7.40	38.0	YES	3.32
8	1.39	82.6	114.8	12.0	7.37	39.0	YES	2.87
9	1.16	82.6	95.8	12.1	7.40	39.0	YES	2.82
10	1.05	82.6	86.7	12.0	7.41	38.0	YES	2.60
11	0.93	82.6	76.8	12.1	7.37	36.0	YES	3.39
12	1.21	82.6	99.9	12.1	7.31	37.0	YES	3.09
13	1.62	82.6	133.8	12.0	7.36	39.0	YES	2.85
14	2.19	82.6	180.9	12.1	7.35	40.0	YES	3.16
15	1.87	82.6	154.5	12.0	7.35	39.0	YES	2.45
16	1.69	82.6	139.6	12.1	7.43	40.0	YES	2.98
17	1.36	82.6	112.3	12.0	7.44	39.0	YES	3.31
18	1.49	82.6	123.1	12.1	7.43	39.0	YES	3.12
19	1.81	82.6	149.5	12.0	7.47	41.0	YES	3.22
20	1.53	82.6	126.4	12.1	7.44	39.0	YES	3.05
21	1.69	82.6	139.6	12.0	7.43	46.0	YES	3.23
22	1.62	82.6	133.8	12.1	7.52	42.0	YES	3.20
23	1.61	82.6	133.0	12.0	7.61	43.0	YES	3.20
24	1.12	82.6	92.3	12.1	7.54	39.0	YES	3.45
25	1.22	82.6	100.8	12.0	7.52	40.0	YES	5.31
26	1.13	82.6	93.3	12.1	7.48	38.0	YES	0.39
27	1.09	82.6	90.0	12.0	7.48	38.0	YES	0.04
28	1.24	82.6	102.4	12.1	7.46	39.0	YES	7.45
29	1.71	82.6	141.2	12.0	7.58	42.0	YES	4.35
30	0.83	82.6	68.6	12.1	7.71	44.0	YES	2.81
31	0.94	82.6	77.6	12.0	8.86	61.0	YES	3.26

<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