

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

County: **Licolon**
 Month/Year: **Date: 9/30/2024**

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 ¹ [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

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings \leq 1 NTU?² Yes No

CT's met everyday? (see back) Yes No

All Cl2 residual at entry point \geq 0.2 mg/l? Yes No

All daily turbidity readings \leq 5 NTU? Yes No

Yes No

Yes No

Notes:

PRINTED NAME: Martin Klinger

SIGNATURE: *Martin Klinger*

Date: 9/30/2024

PHONE #: (541) 994-4548

CERT #: 7152

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: :

System Name: Panther Creek WD ID#: 41 00603 Month/Year: Date: 9/30/2024 Disinfection Giardia Log Inactiv: 1.0

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	0.59	82.6	48.7	12.0	7.74	40.0	YES	0.00
2	1.71	82.6	141.2	12.1	7.75	45.0	YES	0.00
3	1.33	82.6	110.0	12.0	7.73	43.0	YES	0.00
4	1.56	82.6	126.9	12.0	7.63	42.0	YES	0.00
5	0.70	82.6	57.8	12.1	7.55	38.0	YES	0.00
6	0.87	82.6	71.8	12.0	7.55	41.0	YES	0.00
7	0.88	82.6	72.7	12.1	7.63	42.0	YES	0.00
8	0.52	82.6	43.0	12.0	7.62	38.0	YES	0.00
9	0.73	82.6	60.3	12.1	7.56	37.0	YES	0.00
10	1.95	82.6	161.1	12.0	7.48	43.0	YES	0.00
11	1.79	82.6	147.9	12.1	7.52	43.0	YES	0.00
12	1.51	82.6	124.7	12.1	7.53	41.0	YES	0.00
13	1.13	82.6	93.3	12.1	7.52	42.0	YES	0.00
14	0.94	82.6	77.6	12.0	7.53	38.0	YES	0.00
15	1.38	82.6	114.0	12.1	7.53	41.0	YES	0.00
16	1.30	82.6	107.4	12.0	7.48	39.0	YES	0.00
17	1.34	82.6	110.7	12.1	7.51	40.0	YES	0.00
18	1.09	82.6	90.0	12.0	7.50	38.0	YES	0.00
19	1.17	82.6	95.6	12.1	7.52	39.0	YES	0.00
20	1.04	82.6	85.9	12.0	7.52	42.0	YES	0.00
21	1.03	82.6	85.1	12.0	7.55	42.0	YES	0.00
22	0.86	82.6	71.0	12.1	7.55	39.0	YES	0.00
23	1.03	82.6	85.1	12.1	7.57	39.0	YES	0.00
24	1.02	82.6	84.3	12.0	7.52	38.0	YES	0.00
25	1.54	82.6	127.2	12.1	7.54	41.0	YES	0.00
26	1.92	82.6	158.6	12.0	7.56	43.0	YES	0.00
27	1.18	82.6	97.5	12.1	7.60	42.0	YES	0.00
28	0.65	82.6	53.7	12.0	7.63	42.0	YES	0.00
29	0.53	82.6	43.8	12.1	7.56	37.0	YES	0.00
30	1.36	82.6	112.3	12.0	7.60	42.0	YES	0.00
31	0.00	82.6	0.0	0.0	0.00		NO	0.00

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