

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

County: **Licolon**  
 Month/Year: **Date: 12/31/2024**

System Name: **[redacted]** 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

<input checked="" type="checkbox"/> <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	
	PRINTED NAME: <b>Martin Klinger</b> SIGNATURE: <i>Martin Klinger</i> Date: <b>12/31/2024</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- :  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: Panther Creek WD ID#: 41 00603 Month/Year: Date: 12/31/2024

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
1	1.63	82.6	134.6	12.0	7.64	43.0	YES	3.24
2	0.89	82.6	73.5	12.1	7.56	37.0	YES	4.02
3	1.29	82.6	106.6	12.0	7.81	42.0	YES	3.53
4	2.01	82.6	166.0	12.1	7.58	45.0	YES	4.44
5	1.25	82.6	103.3	12.0	7.65	42.0	YES	5.07
6	0.95	82.6	78.5	12.1	7.68	42.0	YES	5.26
7	0.89	82.6	73.5	12.0	7.70	42.0	YES	4.69
8	1.13	82.6	93.3	12.1	7.65	41.0	YES	4.70
9	1.94	82.6	160.2	12.0	7.65	44.0	YES	5.18
10	1.92	82.6	158.6	12.0	7.68	45.0	YES	4.34
11	0.84	82.6	69.4	12.1	7.74	41.0	YES	4.34
12	1.09	82.6	90.0	12.0	7.60	41.0	YES	4.01
13	1.08	82.6	89.2	12.1	7.70	43.0	YES	4.31
14	0.95	82.6	78.5	12.0	7.66	42.0	YES	3.94
15	1.97	82.6	162.7	12.1	7.65	45.0	YES	3.42
16	1.12	82.6	92.5	12.0	7.58	39.0	YES	4.04
17	0.89	82.6	73.5	12.1	8.00	46.0	YES	3.40
18	0.88	82.6	72.7	12.0	8.71	61.0	YES	4.64
19	0.87	82.6	71.9	12.0	8.52	51.0	YES	7.01
20	0.87	82.6	71.9	12.1	8.81	65.0	YES	6.92
21	0.89	82.6	73.5	12.0	8.90	65.0	YES	4.24
22	0.71	82.6	58.6	12.1	7.83	43.0	YES	3.94
23	1.00	82.6	82.6	12.0	7.55	39.0	YES	3.86
24	0.67	82.6	55.3	12.1	7.52	37.0	YES	4.12
25	0.65	82.6	53.7	12.0	7.58	37.0	YES	3.86
26	0.72	82.6	59.5	12.1	7.61	40.0	YES	3.92
27	0.83	82.6	68.6	12.0	7.66	42.0	YES	3.65
28	0.76	82.6	62.8	12.1	7.63	42.0	YES	3.69
29	0.65	82.6	53.7	12.0	7.61	39.0	YES	3.85
30	0.87	82.6	71.9	12.1	7.55	38.0	YES	3.97
31	1.31	82.6	108.2	12.0	7.56	40.0	YES	4.18

Revised November 2022

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