

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Baker

Month/Year: Dec-25

System Name: Richland, City of		ID#: 41	00703	WTP ID: TP- A		
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	21.10	18.20	2.90	25.00	0.13	
2	20.70	19.70	1.00	25.00	0.11	
3	20.20	18.90	1.30	25.00	0.10	
4	17.70	3.80	13.90	25.00	0.16	
5	17.70	3.80	13.90	25.00	0.10	
6	17.50	3.80	13.70	25.00	0.10	
7	19.60	17.80	1.80	25.00	0.13	
8	20.10	18.70	1.40	25.00	0.09	
9	20.10	8.80	11.30	25.00	0.09	
10	20.50	19.00	1.50	25.00	0.08	
11	20.90	19.90	1.00	25.00	0.09	
12	20.90	19.60	1.30	25.00	0.09	
13	20.90	19.60	1.30	25.00	0.11	
14	20.80	19.60	1.20	25.00	0.17	
15	20.80	19.70	1.10	25.00	0.10	
16	20.90	19.70	1.20	25.00	0.11	
17	20.80	19.50	1.30	25.00	0.11	
18	20.90	19.60	1.30	25.00	0.11	
19	21.00	19.70	1.30	25.00	0.10	
20	21.00	19.60	1.40	25.00	0.17	
21	20.90	19.20	1.70	25.00	0.11	
22	21.00	19.50	1.50	25.00	0.10	
23	20.90	19.40	1.50	25.00	0.08	
24	20.90	19.40	1.50	25.00	0.09	
25	20.90	20.10	0.80	25.00	0.16	
26	20.40	18.30	2.10	25.00	0.09	
27	20.30	17.70	2.60	25.00	0.21	
28	20.10	17.50	2.60	25.00	0.11	
29	20.70	17.60	3.10	25.00	0.09	
30	20.30	17.60	2.70	25.00	0.09	
31	26.60	3.80	22.80	25.00	0.10	

<p align="center"><b>Cartridge &amp; Bag Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <span style="float:right">Yes</span></p> <p>All daily turbidity readings ≤ 5 NTU? <span style="float:right">Yes</span></p>		<p align="center"><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <span style="float:right">Yes</span></p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float:right">Yes</span></p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID</p>		<p>PRINTED NAME: <i>Gray Phantek</i></p> <p>SIGNATURE: <i>[Signature]</i> <span style="float:right">1/6/26</span></p> <p>PHONE #: (574) 873 614 cert# 7025</p>	

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

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<b>System Name:</b>	Richland, City of	<b>ID#:</b> 41	00703	Dec/2025	<b>WTP - :</b>	A
					<b>Disinfection Giardia Log Inactiv:</b>	0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.68	398	270.6	8.2	7.70	26.8	YES	345
2	0.82	512	419.8	6.3	7.80	32.2	YES	347
3	0.6	343	205.8	7.9	7.80	28.1	YES	353
4	0.65	348	226.2	8.1	7.70	26.9	YES	377
5	0.67	356	238.5	8.0	7.80	28.2	YES	380
6	0.79	424	335.0	8.0	7.80	28.5	YES	376
7	0.69	373	257.4	8.2	7.80	27.8	YES	373
8	0.67	360	241.2	8.1	7.80	28.0	YES	375
9	0.78	425	331.5	8.3	7.70	27.0	YES	370
10	0.71	383	271.9	8.6	7.80	27.2	YES	374
11	0.72	389	280.1	8.6	7.70	26.2	YES	373
12	0.68	368	250.2	8.5	7.80	27.3	YES	373
13	0.76	416	316.2	8.1	7.80	28.3	YES	369
14	0.73	391	285.4	7.8	8.00	30.9	YES	377
15	0.68	364	247.5	8.3	7.70	26.7	YES	377
16	0.76	407	309.3	8.3	7.80	27.9	YES	377
17	0.8	433	346.4	9.0	7.80	26.7	YES	373
18	0.67	363	243.2	8.5	7.80	27.2	YES	372
19	0.75	395	296.3	8.5	7.70	26.5	YES	383
20	0.76	404	307.0	8.7	7.80	27.1	YES	375
21	0.76	408	310.1	7.6	7.80	29.2	YES	376
22	0.68	370	251.6	7.7	7.80	28.8	YES	371
23	0.66	354	233.6	7.8	7.60	26.5	YES	376
24	0.7	375	262.5	7.8	7.80	28.6	YES	377
25	0.77	419	322.6	8.7	7.80	27.2	YES	371
26	0.67	359	240.5	8.7	7.80	26.9	YES	376
27	0.72	392	282.2	8.5	7.70	26.4	YES	371
28	0.69	363	250.5	8.9	7.60	24.7	YES	383
29	0.7	387	270.9	7.6	7.70	28.0	YES	365
30	0.7	368	257.6	7.1	7.80	30.0	YES	368
31								

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised 3/29/24

Return by 10th of following month by email, fax, or mail to:  
[dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350