

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: May-2021

System Name: Umpqua Ranch Cooperative ID#: 41 00714 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 ¹ [NTU]
1	44	40	4	30	.01	.01
2	43	39	4	30	.01	.01
3	42	38	4	30	.01	.01
4	43	39	4		.01	.01
5	42	38	4		.01	.01
6	44	40	4		.01	.01
7	43	39	4		.01	.01
8	44	40	4		.01	.01
9	42	38	4		.01	.01
10	43	39	4		.01	.01
11	42	38	4		.01	.01
12	43	39	4		.01	.01
13	44	40	4		.01	.01
14	42	38	4		.01	.01
15	40	36	4		.01	.01
16	43	39	4		.01	.01
17	42	38	4		.01	.01
18	48	44	4		.56	.36
19	43	40	3		.07	.07
20	50	47	3		.09	.09
21	60	48	12		.29	.29
22	46	45	1		.03	.03
23	45	43	2		.01	.01
24	44	42	2		.01	.01
25	45	43	2		.01	.01
26	46	44	2		.01	.01
27	43	40	3		.01	.01
28	44	42	2		.01	.01
29	44	40	4		.01	.01
30	44	40	4		.01	.01
31	42	38	4		.02	.02

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU?

Yes No

CT's met everyday? (see back)

Yes No

All Cl₂ residual at entry point ≥ 0.2 mg/l?

Yes No

All daily turbidity readings ≤ 5 NTU?

Yes No

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID

PRINTED NAME: Jonathan Woody

SIGNATURE: *Jonathan Woody*

DATE: 6-9-21

PHONE #: (541) 643-6137

CERT #: 7232

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

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

System Name: Umpqua Ranch Cooperative

ID#: 41 00714

Month/Year: 5-21

Disinfection
Giardia Log
Inactiv:

0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	.59	105	.60	13	8.81	31	Yes	70
2	.70	105	.73	14	8.12	32	Yes	70
3	.77	105	.80	14	8.61	32	Yes	70
4	.81	105	.85	14	8.24	33	Yes	70
5	.89	105	.93	14	8.28	33	Yes	70
6	.58	105	.60	15	8.17	33	Yes	70
7	.60	105	.63	15	8.24	33	Yes	70
8	.70	105	.73	13	8.11	32	Yes	70
9	.71	105	.74	13	8.26	32	Yes	70
10	.70	105	.73	14	8.31	32	Yes	70
11	.61	105	.64	14	8.17	32	Yes	70
12	.95	105	.99	14	8.49	33	Yes	70
13	1.00	105	1.05	15	8.17	33	Yes	70
14	.98	105	1.02	15	8.38	33	Yes	70
15	.92	105	.96	16	8.26	33	Yes	70
16	1.01	105	1.06	16	8.13	33	Yes	70
17	.99	105	1.03	16	8.29	33	Yes	70
18	1.03	105	1.08	16	8.36	33	Yes	70
19	.96	105	1.00	15	8.41	33	Yes	70
20	.78	105	.81	15	8.28	32	Yes	70
21	.81	105	.85	15	8.36	33	Yes	70
22	.85	105	.89	14	8.49	33	Yes	70
23	.77	105	.80	13	8.20	32	Yes	70
24	.79	105	.82	13	8.36	32	Yes	70
25	.73	105	.76	13	8.11	32	Yes	70
26	.80	105	.84	14	8.29	33	Yes	70
27	.81	105	.85	14	8.26	33	Yes	70
28	.76	105	.79	14	8.36	32	Yes	70
29	.79	105	.82	14	8.29	33	Yes	70
30	.57	105	.59	16	8.30	31	Yes	70
31	.77	105	.80	16	8.38	32	Yes	70

² If Cl₂ 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018