

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Jun 23

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	51	37	14	30.00	.03	.03		
2	44	36	8		.03	.03		
3	42	35	7		.02	.02		
4	46	38	8		.02	.02		
5	42	34	8		.02	.02		
6	44	34	10		.02	.02		
7	43	34	9		.02	.02		
8	44	35	9		.02	.02		
9	44	35	9		.02	.02		
10	46	36	10		.02	.02		
11	42	34	8		.02	.02		
12	44	36	8		.04	.04		
13	47	34	13		.04	.04		
14	50	41	9		.09	.09		
15	47	40	7		.03	.03		
16	47	38	9		.02	.02		
17	43	34	9		.03	.03		
18	46	36	10		.02	.02		
19	47	37	10		.02	.02		
20	57	44	13		.03	.03		
21	53	37	16		.02	.02		
22	44	35	9		.02	.02		
23	45	34	11		.02	.02		
24	43	35	8		.02	.02		
25	43	35	8		.02	.02		
26	48	40	8		.02	.02		
27	43	34	9		.03	.03		
28	43	34	9		.02	.02		
29	43	35	8		.02	.02		
30	54	40	14		.02	.02		
31	48	34	14		.02	.02		

Cartridge & Bag Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) 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: 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: <i>Jonathan Woody</i> DATE: 2-8-23 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.

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WTP: A
Disinfection Giardia Log Inactiv: 0.5

System Name: Umpqua Ranch Cooperative ID#: 41 00714 Month/Year:

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	.56	105	58	10	7.68	26	yes	70
2	.79	105	83	9	8.03	42	yes	70
3	.76	105	80	8	7.87	35	yes	70
4	1.14	105	120	8	8.33	45	yes	70
5	1.02	105	107	10	7.98	28	yes	70
6	.82	105	86	9	8.26	43	yes	70
7	.70	105	73	11	8.08	32	yes	70
8	.66	105	69	11	7.86	26	yes	70
9	.87	105	91	10	8.05	33	yes	70
10	.65	105	68	8	7.83	35	yes	70
11	.96	105	101	9	8.01	43	yes	70
12	1.10	105	116	10	7.82	28	yes	70
13	.77	105	102	11	8.35	33	yes	70
14	.92	105	96	11	8.20	33	yes	70
15	.86	105	90	11	7.98	27	yes	70
16	.93	105	98	9	7.96	36	yes	70
17	1.03	105	108	9	8.10	45	yes	70
18	1.04	105	107	9	8.21	45	yes	70
19	1.07	105	114	8	8.20	45	yes	70
20	1.01	105	114	7	8.01	45	yes	70
21	.83	105	87	8	8.02	43	yes	70
22	1.09	105	114	8	8.03	45	yes	70
23	1.31	105	138	7	8.19	46	yes	70
24	1.46	105	153	7	8.17	47	yes	70
25	1.41	105	148	7	8.08	47	yes	70
26	1.43	105	150	7	8.16	47	yes	70
27	.84	105	90	7	8.39	43	yes	70
28	1.26	105	132	8	8.18	46	yes	70
29	1.24	105	130	8	8.22	46	yes	70
30	1.25	105	131	7	8.16	46	yes	70
31	1.51	105	159	6	8.20	46	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018