

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Feb 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	46	32	14	30	.02	.02
2	48	31	17		.02	.02
3	42	31	11		.02	.02
4	42	35	7		.02	.02
5	54	43	11		.02	.02
6	46	38	8		.02	.02
7	42	34	8		.02	.02
8	43	31	12		.03	.03
9	43	31	12		.02	.02
10	43	34	9		.03	.03
11	44	30	14		.02	.02
12	44	35	9		.02	.02
13	43	31	12		.02	.02
14	43	34	9		.02	.02
15	43	34	9		.02	.02
16	43	34	9		.02	.02
17	43	34	9		.02	.02
18	43	35	8		.02	.02
19	46	37	9		.02	.02
20	43	34	9		.03	.03
21	45	34	11		.02	.02
22	43	34	9		.02	.02
23	44	36	8		.02	.02
24	44	36	8		.02	.02
25	45	36	9		.02	.02
26	43	34	9		.02	.02
27	44	36	8		.03	.03
28	43	34	9		.02	.02
29						
30						
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> 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>John Woody</i>	DATE: 3-3-23
		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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

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

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	1.40	105	147	6	7.96	38	yes	70
2	1.37	105	144	6	8.05	46	yes	70
3	1.53	105	161	8	7.99	39	yes	70
4	1.34	105	140	9	8.03	46	yes	70
5	1.34	105	140	9	8.02	46	yes	70
6	1.47	105	154	8	8.23	47	yes	70
7	1.42	105	149	8	8.07	47	yes	70
8	1.36	105	143	8	8.10	46	yes	70
9	1.37	105	144	9	8.29	46	yes	70
10	1.15	105	121	9	7.98	37	yes	70
11	1.36	105	142	10	7.90	28	yes	70
12	1.34	105	140	9	7.60	38	yes	70
13	1.34	105	140	9	8.14	46	yes	70
14	1.38	105	145	8	8.59	55	yes	70
15	1.31	105	138	7	8.38	46	yes	70
16	1.24	105	130	7	8.23	44	yes	70
17	1.46	105	153	7	8.28	47	yes	70
18	1.40	105	147	8	8.02	46	yes	70
19	1.56	105	163	8	8.22	47	yes	70
20	1.42	105	149	8	8.19	47	yes	70
21	1.48	105	178	8	8.34	48	yes	70
22	1.69	105	177	7	8.32	48	yes	70
23	1.73	105	182	7	8.15	48	yes	70
24	1.69	105	177	6	8.47	48	yes	70
25	1.71	105	179	7	8.23	48	yes	70
26	1.60	105	174	8	8.43	48	yes	70
27	1.63	105	171	7	8.49	48	yes	70
28	1.47	105	154	6	8.06	47	yes	70
29		105						70
30		105						70
31		105						70

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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