

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: APR 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	40	49	9	30	.02	.02		
2	36	45	9		.02	.02		
3	43	39	9		.02	.02		
4	49	40	9		.07	.07		
5	45	36	9		.02	.02		
6	47	38	9		.02	.02		
7	44	34	10		.02	.02		
8	45	38	7		.02	.02		
9	45	35	10		.02	.02		
10	42	32	10		.02	.02		
11	54	44	10		.02	.02		
12	44	34	10		.03	.03		
13	48	38	10		.02	.02		
14	48	39	9		.02	.02		
15	49	40	9		.02	.02		
16	46	38	8		.02	.02		
17	43	32	11		.02	.02		
18	43	37	9		.02	.02		
19	44	34	10		.02	.02		
20	44	34	10		.02	.02		
21	51	42	9		.02	.02		
22	44	34	10		.02	.02		
23	43	33	10		.02	.02		
24	46	36	10		.02	.02		
25	44	34	10		.02	.02		
26	44	35	9		.02	.02		
27	44	35	9		.02	.02		
28	46	36	10		.02	.02		
29	46	36	10		.02	.02		
30	48	37	11		.02	.02		
31								

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	Yes/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: <i>Jonathan Woody</i> SIGNATURE: <i>John Liberty</i> DATE: 5/9/23 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	1.36	105	143	10	8.19	35	yes	70
2	1.24	105	135	10	7.51	28	yes	70
3	1.37	105	144	10	8.06	34	yes	70
4	1.38	105	145	8	8.04	46	yes	70
5	1.42	105	149	9	7.72	39	yes	70
6	1.42	105	149	11	7.96	29	yes	70
7	1.30	105	136	11	7.91	28	yes	70
8	1.21	105	127	11	7.78	28	yes	70
9	1.22	105	128	11	7.62	28	yes	70
10	1.28	105	134	12	7.95	28	yes	70
11	1.20	105	137	10	8.00	28	yes	70
12	1.19	105	125	11	7.98	28	yes	70
13	1.18	105	124	10	8.01	33	yes	70
14	1.30	105	136	12	7.54	28	yes	70
15	1.23	105	129	12	8.06	31	yes	70
16	1.42	105	149	12	8.25	35	yes	70
17	1.26	105	132	11	8.07	34	yes	70
18	1.43	105	150	10	7.96	29	yes	70
19	1.39	105	146	10	8.10	34	yes	70
20	1.42	105	149	11	8.11	35	yes	70
21	1.11	105	116	12	8.20	33	yes	70
22	1.34	105	140	14	8.16	34	yes	70
23	1.38	105	144	13	7.76	28	yes	70
24	1.20	105	126	12	8.19	33	yes	70
25	1.27	105	133	13	8.10	34	yes	70
26	1.20	105	126	12	8.13	33	yes	70
27	1.08	105	113	13	8.29	33	yes	70
28	1.22	105	128	16	8.31	23	yes	70
29	.98	105	102	25	8.13	22	yes	70
30	1.01	105	106	15	8.10	22	yes	70
31		105						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