

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: May 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 <sup>1</sup> [NTU]	
1	52	42	10	30	.02	.02	
2	49	32	17		.02	.02	
3	46	36	10		.02	.02	
4	46	36	10		.02	.02	
5	46	36	10		.02	.02	
6	46	36	10		.02	.02	
7	47	37	10		.02	.02	
8	41	30	11		.02	.02	
9	53	48	10		.02	.02	
10	49	39	10		.02	.02	
11	42	32	10		.02	.02	
12	43	34	9		.02	.02	
13	44	34	10		.02	.02	
14	43	30	13		.02	.02	
15	46	36	10		.02	.02	
16	44	32	12		.02	.02	
17	42	33	9		.02	.02	
18	43	32	11		.02	.02	
19	43	32	11		.02	.02	
20	45	34	11		.02	.02	
21	48	38	10		.02	.02	
22	42	31	11		.02	.02	
23	45	32	13		.02	.02	
24	42	32	10		.02	.02	
25	42	30	12		.02	.02	
26	43	30	13		.02	.02	
27	43	34	9		.02	.02	
28	44	32	12		.02	.02	
29	41	30	11		.02	.02	
30	44	30	14		.02	.02	
31	46	30	16		.02	.02	

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 <sub>2</sub> 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		PRINTED NAME: Jonathan Wocely	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE: John Wocely	DATE: 6-9-23
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.		PHONE #: (541) 643-6137	CERT #: 7232

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :	A
Disinfection Giardia Log Inactiv:	0.5

System Name: Umpqua Ranch Cooperative ID#: 41 00714 Month/Year: May 2023

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	.97	105	102	15	8.17	22	yes	70
2	1.14	105	120	14	8.06	33	yes	70
3	1.12	105	118	11	8.48	33	yes	70
4	1.21	105	127	13	8.32	34	yes	70
5	1.39	105	145	14	8.23	34	yes	70
6	1.23	105	129	14	8.26	34	yes	70
7	1.34	105	140	14	8.14	34	yes	70
8	1.32	105	139	13	8.21	34	yes	70
9	1.26	105	132	13	8.18	34	yes	70
10	1.34	105	141	14	7.87	28	yes	70
11	1.18	105	124	15	7.96	19	yes	70
12	1.29	105	135	16	7.90	19	yes	70
13	.99	105	103	15	8.02	22	yes	70
14	1.15	105	120	14	8.00	28	yes	70
15	1.03	105	108	17	8.18	27	yes	70
16	1.14	105	120	16	8.00	19	yes	70
17	1.47	105	154	14	8.01	35	yes	70
18	1.19	105	125	16	8.06	22	yes	70
19	1.60	105	168	17	7.90	19	yes	70
20	1.05	105	110	17	7.98	19	yes	70
21	1.31	105	137	15	8.01	23	yes	70
22	1.24	105	130	25	8.13	23	yes	70
23	1.22	105	128	14	7.95	28	yes	70
24	1.23	105	129	14	7.95	28	yes	70
25	1.20	105	126	14	7.87	28	yes	70
26	1.30	105	136	15	8.05	23	yes	70
27	1.32	105	138	16	8.12	23	yes	70
28	1.31	105	137	17	8.05	23	yes	70
29	1.28	105	134	16	8.07	23	yes	70
30	1.31	105	138	16	8.01	23	yes	70
31	1.06	105	111	14	8.05	33	yes	70

<sup>2</sup> If Cl<sub>2</sub> 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.dmice@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018