

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: July 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	49	36	13		.02	.02	
2	45	30	15		.02	.02	
3	44	32	12		.02	.02	
4	43	30	13		.02	.02	
5	44	30	14		.02	.02	
6	43	32	16		.02	.02	
7	42	30	12		.02	.02	
8	43	30	13		.02	.02	
9	43	30	13		.02	.02	
10	46	30	16		.02	.02	
11	46	30	16		.02	.02	
12	42	30	12		.02	.02	
13	43	30	13		.02	.02	
14	49	30	19		.02	.02	
15	44	30	14		.02	.02	
16	43	30	13		.02	.02	
17	42	28	14		.02	.02	
18	43	30	13		.02	.02	
19	46	32	14		.02	.02	
20	45	30	15		.02	.02	
21	44	30	15		.02	.02	
22	52	36	20		.02	.02	
23	43	30	13		.02	.02	
24	45	30	15		.02	.02	
25	44	30	14		.03	.03	
26	43	30	13		.05	.02	
27	44	30	14		.02	.02	
28	45	30	15		.02	.02	
29	43	30	13		.02	.02	
30	44	31	13		.02	.02	
31	45	32	13		.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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes/No	Yes/No	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: John Woody DATE: 8/8/23
	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.

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	1.26	105	132	19	8.08	23	yes	70
2	1.18	105	123	19	8.12	22	yes	70
3	1.21	105	127	18	8.06	23	yes	70
4	1.13	105	155	18	8.10	24	yes	70
5	1.08	105	113	20	8.08	17	yes	70
6	1.30	105	137	20	8.07	17	yes	70
7	1.21	105	127	19	8.14	23	yes	70
8	1.23	105	129	20	8.14	17	yes	70
9	1.27	105	133	18	8.17	23	yes	70
10	1.29	105	135	19	8.14	23	yes	70
11	1.16	105	122	18	8.11	22	yes	70
12	1.12	105	118	19	8.10	22	yes	70
13	.98	105	103	19	8.04	22	yes	70
14	1.23	105	129	20	8.05	17	yes	70
15	1.46	105	153	21	7.98	15	yes	70
16	1.32	105	138	21	7.98	14	yes	70
17	1.19	105	125	21	8.05	17	yes	70
18	1.11	105	117	20	8.04	17	yes	70
19	1.00	105	105	21	8.40	16	yes	70
20	1.19	105	124	19	8.36	22	yes	70
21	1.15	105	120	20	8.33	17	yes	70
22	.93	105	76	19	8.29	21	yes	70
23	1.00	105	105	20	8.29	16	yes	70
24	1.22	105	128	20	8.27	17	yes	70
25	1.33	105	140	21	8.35	17	yes	70
26	1.31	105	138	20	8.34	17	yes	70
27	1.07	105	112	19	7.87	19	yes	70
28	1.03	105	108	19	7.85	19	yes	70
29	1.07	105	112	19	7.98	19	yes	70
30	.85	105	89	18	7.56	18	yes	70
31	.87	105	91	19	8.47	22	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