

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: 10/23

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	50	35	15	30	.02	.02
2	44	30	14	1	.02	.02
3	48	36	12		.02	.02
4	44	30	14		.08	.02
5	50	36	14		.02	.02
6	44	32	12		.02	.02
7	44	30	14		.02	.02
8	43	29	14		.02	.02
9	44	32	12		.02	.02
10	44	32	12		.02	.02
11	42	30	12		.02	.02
12	44	31	13		.02	.02
13	42	30	12		.02	.02
14	43	30	13		.02	.02
15	43	30	13		.02	.02
16	42	32	10		.06	.02
17	43	30	13		.03	.02
18	43	28	15		.02	.02
19	42	28	14		.02	.02
20	47	35	12		.02	.02
21	45	32	13		.02	.02
22	44	30	14		.02	.02
23	45	32	13		.02	.02
24	45	32	13		.02	.02
25	42	29	13		.02	.02
26	42	30	12		.02	.02
27	43	30	13		.02	.02
28	42	30	12		.02	.02
29	43	31	12		.02	.02
30	43	32	11		.02	.02
31	47	34	13		.02	.02

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<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>John Woody</i> PHONE #: (541) 643-6137	
		DATE: 11-10-23 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.

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WTP: A

System Name: Umpqua Ranch Cooperative ID#: 41 00714 Month/Year: 10/23

Disinfection Giardia Log Inactiv: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	.99	105	103	12	7.95	27	yes	70
2	1.03	105	108	13	7.67	28	yes	70
3	.98	105	103	14	7.66	27	yes	70
4	1.49	105	156	13	7.68	29	yes	70
5	1.25	105	131	13	7.70	28	yes	70
6	1.46	105	153	14	7.71	29	yes	70
7	1.51	105	158	15	7.81	19	yes	70
8	1.45	105	152	15	7.86	19	yes	70
9	1.37	105	144	15	7.88	19	yes	70
10	1.27	105	133	14	7.72	25	yes	70
11	1.36	105	143	13	7.23	23	yes	70
12	1.34	105	141	13	7.84	28	yes	70
13	1.05	105	110	13	7.60	28	yes	70
14	.97	105	101	13	7.77	27	yes	70
15	.97	105	101	14	7.80	27	yes	70
16	.71	105	.75	14	7.82	22	yes	70
17	1.31	105	138	14	7.78	28	yes	70
18	1.20	105	126	14	7.89	28	yes	70
19	1.21	105	127	14	7.62	28	yes	70
20	1.09	105	114	14	7.79	27	yes	70
21	1.24	105	130	14	7.74	28	yes	70
22	1.25	105	131	14	7.91	28	yes	70
23	1.26	105	132	14	7.85	28	yes	70
24	1.34	105	141	13	7.96	28	yes	70
25	1.13	105	119	13	7.65	28	yes	70
26	.94	105	99	12	7.90	27	yes	70
27	.94	105	99	12	7.71	27	yes	70
28	.92	105	96	11	7.76	27	yes	70
29	1.00	105	105	10	7.79	27	yes	70
30	1.28	105	134	9	7.80	28	yes	70
31	1.38	105	145	9	7.87	28	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\_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018