

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Douglas

Month/Year: 11/23

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	44	30	14	30	.02	.02
2	43	28	15		.02	.02
3	46	33	13		.02	.02
4	44	30	14		.02	.02
5	43	28	15		.02	.02
6	42	28	14		.02	.02
7	41	28	13		.03	.03
8	42	30	12		.03	.03
9	42	30	12		.04	.02
10	42	30	12		.02	.02
11	43	30	13		.02	.02
12	44	32	12		.02	.02
13	43	31	12		.02	.02
14	43	30	13		.02	.02
15	43	30	13		.03	.03
16	44	31	13		.02	.02
17	43	30	13		.02	.02
18	50	37	13		.02	.02
19	43	30	13		.02	.02
20	43	30	13		.02	.02
21	44	30	14		.02	.02
22	44	30	14		.03	.03
23	44	30	14		.03	.03
24	48	36	12		.02	.02
25	44	30	14		.02	.02
26	45	32	13		.02	.02
27	45	32	13		.02	.02
28	43	31	12		.02	.02
29	43	30	13		.02	.02
30	43	30	13		.02	.02
31						

Cartridge & Bag Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <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: 12-9-23 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.

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WTP: A
Disinfection Giardia Log Inactiv: 0.5

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

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	1.08	105	113	11	7.94	28	yes	70
2	1.17	105	123	12	7.56	28	yes	70
3	1.35	105	141	12	7.59	28	yes	70
4	1.22	105	128	13	7.69	28	yes	70
5	.98	105	102	13	7.83	27	yes	70
6	.99	105	104	13	7.41	22	yes	70
7	.98	105	103	12	7.37	21	yes	70
8	.97	105	102	11	7.22	22	yes	70
9	1.05	105	110	10	7.31	23	yes	70
10	1.06	105	110	12	7.34	23	yes	70
11	1.15	105	120	12	7.33	23	yes	70
12	1.19	105	124	11	7.50	23	yes	70
13	1.11	105	117	11	7.57	28	yes	70
14	1.24	105	130	11	7.52	28	yes	70
15	1.06	105	111	11	7.46	23	yes	70
16	1.02	105	107	10	7.67	28	yes	70
17	1.35	105	141	12	7.48	23	yes	70
18	1.24	105	130	11	7.48	23	yes	70
19	1.21	105	127	10	8.24	34	yes	70
20	1.08	105	113	10	7.47	23	yes	70
21	.94	105	99	9	7.50	30	yes	70
22	.90	105	95	10	7.45	22	yes	70
23	1.01	105	106	10	8.26	33	yes	70
24	1.16	105	121	9	7.60	37	yes	70
25	1.17	105	122	8	8.17	45	yes	70
26	1.15	105	120	7	8.14	45	yes	70
27	1.38	105	145	7	7.55	38	yes	70
28	1.51	105	159	6	7.64	39	yes	70
29	1.55	105	163	6	7.71	39	yes	70
30	1.42	105	149	8	7.45	32	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