

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: JAN '24

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	44	28	16	30	.02	.02
2	42	30	12	↓	.02	.02
3	42	28	14	↓	.02	.02
4	42	30	12	↓	.02	.02
5	41	28	13	↓	.03	.03
6	42	30	12	↓	.02	.02
7	48	36	12	↓	.02	.02
8	44	30	14	↓	.02	.02
9	50	30	20	↓	.02	.02
10	52	32	2	↓	.02	.02
11	41	30	11	↓	.03	.03
12	41	29	12	↓	.03	.03
13	48	36	12	↓	.03	.03
14	50	30	20	↓	.30	.30
15	44	28	16	↓	.12	.12
16	51	32	19	↓	.16	.16
17	54	32	22	↓	.34	.34
18	46	30	16	↓	.11	.11
19	43	29	14	↓	.04	.04
20	48	35	13	↓	.07	.07
21	44	29	15	↓	.03	.03
22	45	32	13	↓	.03	.03
23	43	28	15	↓	.04	.04
24	42	28	14	↓	.03	.03
25	44	28	16	↓	.02	.02
26	50	36	14	↓	.03	.03
27	42	28	14	↓	.03	.03
28	42	28	14	↑	.03	.03
29	44	28	16	↓	.03	.03
30	49	36	13	↓	.02	.02
31	45	30	15	30	.02	.02

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
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
<b>Notes:</b> 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> DATE: 2-9-24 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

System Name: Umpqua Ranch Cooperative

ID#: 41 00714

Month/Year: JAN 24

Disinfection  
Giardia Log  
Inactiv:

0.5

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	1.18	105	124	9	7.61	37	yes	70
2	.98	105	103	9	7.49	30	yes	70
3	1.15	105	121	9	7.40	31	yes	70
4	1.25	105	131	9	7.84	45	yes	70
5	1.23	105	129	8	7.83	38	yes	70
6	1.40	105	147	8	7.58	38	yes	70
7	1.15	105	120	8	7.65	37	yes	70
8	1.10	105	116	7	7.29	31	yes	70
9	1.04	105	109	7	7.46	31	yes	70
10	1.18	105	124	7	7.29	31	yes	70
11	1.12	105	118	8	7.69	37	yes	70
12	1.16	105	121	10	7.24	23	yes	70
13	1.14	105	119	8	7.29	31	yes	70
14	.72	105	75	9	7.51	35	yes	70
15	1.47	105	154	9	8.43	39	yes	70
16	.96	105	101	9	7.36	30	yes	70
17	.90	105	95	10	7.34	22	yes	70
18	.98	105	107	11	7.33	22	yes	70
19	1.01	105	106	10	7.94	28	yes	70
20	1.16	105	121	9	7.84	37	yes	70
21	1.21	105	127	9	6.94	26	yes	70
22	2.15	105	226	10	7.58	31	yes	70
23	1.64	105	172	10	7.37	25	yes	70
24	1.21	105	127	12	7.18	23	yes	70
25	1.07	105	112	11	7.44	23	yes	70
26	1.56	105	163	10	7.33	24	yes	70
27	1.26	105	132	11	7.67	28	yes	70
28	1.09	105	114	12	8.01	33	yes	70
29	1.09	105	114	11	7.37	23	yes	70
30	1.26	105	132	12	7.38	23	yes	70
31	.98	105	103	12	7.43	22	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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018