

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Feb, 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	36	22	14	30	.03	.03
2	44	31	13	↓	.08	.08
3	44	30	14	↓	.05	.05
4	53	39	14	↓	.03	.03
5	44	30	14	↓	.03	.03
6	45	30	15	↓	.03	.03
7	45	29	16	↓	.03	.03
8	44	29	15	↓	.03	.03
9	50	38	12	↓	.02	.02
10	46	32	14	↓	.03	.03
11	51	36	15	↓	.03	.03
12	43	28	15	↓	.03	.03
13	44	28	16	↓	.03	.03
14	43	28	15	↓	.02	.02
15	42	28	14	↓	.04	.04
16	45	30	15	↓	.04	.04
17	43	28	15	↓	.02	.02
18	44	28	16	↓	.04	.04
19	54	36	18	↓	.04	.04
20	54	34	20	↓	.04	.04
21	54	35	19	↓	.04	.04
22	45	28	17	↓	.03	.03
23	43	30	13	↓	.03	.03
24	44	30	14	↓	.03	.03
25	44	30	14	↓	.04	.04
26	45	30	15	↓	.05	.05
27	42	28	14	↓	.05	.05
28	42	28	14	↓	.02	.02
29	44	28	16	↑	.05	.05
30				↑		
31				30		

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / 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="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / 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: John Woody SIGNATURE: John Woody DATE: 3/8/24 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: Feb 2024

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	0.99	105	104	13	7.25	22	yes	70
2	0.91	105	95	10	7.45	22	yes	70
3	1.13	105	118	10	7.40	23	yes	70
4	1.43	105	150	8	7.43	32	yes	70
5	1.10	105	116	9	7.41	31	yes	70
6	1.25	105	129	10	7.31	23	yes	70
7	1.62	105	170	11	7.27	25	yes	70
8	1.82	105	191	10	7.23	25	yes	70
9	1.58	105	165	8	8.50	47	yes	70
10	1.78	105	186	9	7.90	33	yes	70
11	1.94	105	203	9	7.36	33	yes	70
12	1.66	105	174	9	7.51	40	yes	70
13	1.67	105	174	9	7.23	33	yes	70
14	1.63	105	171	10	7.68	30	yes	70
15	1.40	105	147	11	7.28	23	yes	70
16	1.60	105	168	9	7.65	39	yes	70
17	1.29	105	135	10	7.20	23	yes	70
18	1.31	105	137	10	7.41	23	yes	70
19	1.41	105	148	10	7.21	24	yes	70
20	1.42	105	149	10	7.00	20	yes	70
21	1.63	105	171	10	7.27	25	yes	70
22	1.59	105	167	12	7.06	24	yes	70
23	1.55	105	162	10	7.22	24	yes	70
24	1.50	105	157	9	7.29	24	yes	70
25	1.64	105	172	9	7.12	33	yes	70
26	1.82	105	191	10	7.41	25	yes	70
27	1.74	105	183	10	7.32	24	yes	70
28	1.76	105	184	10	7.28	25	yes	70
29	1.70	105	179	10	7.13	25	yes	70
30		105						70
31		105						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.

Revised July 2018

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