

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: March 24

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	43	30	13	30	.05	.05
2	43	29	14		.12	.12
3	51	36	15		.1	.1
4	43	30	13		.13	.13
5	43	30	13		.1	.1
6	42	30	12		.13	.13
7	43	28	15		.09	.09
8	44	30	14		.09	.09
9	44	29	15		.05	.05
10	45	30	15		.07	.07
11	46	30	16		.09	.09
12	48	37	11		.05	.05
13	46	30	16		.07	.07
14	43	28	15		.04	.04
15	43	28	15		.05	.05
16	45	30	15		.05	.05
17	44	28	16		.04	.04
18	43	28	15		.06	.06
19	43	28	15		.03	.03
20	43	27	16		.03	.03
21	41	28	13		.03	.03
22	43	28	15		.03	.03
23	44	28	16		.03	.03
24	45	29	16		.03	.03
25	46	27	19		.03	.03
26	43	28	15		.03	.03
27	46	28	18		.03	.03
28	44	28	16		.03	.03
29	44	28	16		.04	.04
30	44	28	16		.04	.04
31	44	28	16		.04	.04

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
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: John Woody SIGNATURE: <i>John Woody</i> DATE: 4/5/24 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.

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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	1.59	105	166	9	7.07	32	yes	70
2	1.59	105	166	7	7.19	32	yes	70
3	1.67	105	175	8	6.88	27	yes	70
4	1.85	105	189	9	7.30	26	yes	70
5	1.58	105	166	8	7.27	32	yes	70
6	2.06	105	216	8	7.33	35	yes	70
7	1.65	105	173	9	7.25	33	yes	70
8	1.65	105	173	8	6.97	27	yes	70
9	1.63	105	171	8	7.34	33	yes	70
10	1.80	105	189	9	7.17	33	yes	70
11	1.72	105	180	10	7.67	22	yes	70
12	1.45	105	152	10	7.09	24	yes	70
13	1.64	105	172	11	7.05	24	yes	70
14	1.42	105	149	9	7.24	32	yes	70
15	1.46	105	153	9	7.27	32	yes	70
16	1.63	105	171	10	7.38	25	yes	70
17	1.70	105	178	9	7.35	47	yes	70
18	1.47	105	154	10	7.64	29	yes	70
19	1.38	105	145	11	7.49	23	yes	70
20	1.63	105	171	10	7.73	22	yes	70
21	1.21	105	127	12	8.09	34	yes	70
22	1.53	105	160	11	7.77	29	yes	70
23	1.86	105	195	11	7.28	25	yes	70
24	1.43	105	150	11	7.40	24	yes	70
25	1.40	105	147	11	7.64	24	yes	70
26	1.55	105	163	10	7.49	24	yes	70
27	1.59	105	166	10	7.45	24	yes	70
28	1.42	105	149	11	7.56	29	yes	70
29	1.45	105	152	10	7.19	24	yes	70
30	1.56	105	163	10	7.24	24	yes	70
31	1.78	105	186	10	7.18	25	yes	70

² If Cl₂ 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