

Cartridge or Bag Filtration

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	50	31	19	30	.04	.04
2	44	28	16	↓	.03	.03
3	46	28	18	↓	.01	.01
4	43	28	15		.03	.03
5	42	27	15		.03	.03
6	45	29	16		.05	.05
7	44	28	16		.03	.03
8	47	32	15		.02	.02
9	48	34	14		.03	.03
10	44	28	16		.03	.03
11	43	28	15		.03	.03
12	43	26	17		.03	.03
13	44	27	17		.03	.03
14	44	27	17		.03	.03
15	42	25	17		.03	.03
16	42	28	14		.03	.03
17	42	28	14		.03	.03
18	44	28	16		.03	.03
19	43	27	16		.03	.03
20	44	27	17		.03	.03
21	45	28	17		.03	.03
22	44	29	15		.03	.03
23	45	29	16		.02	.02
24	44	26	18		.03	.03
25	46	26	20		.04	.04
26	44	27	17		.03	.03
27	44	26	18		.03	.03
28	45	26	19		.03	.03
29	47	29	18		.07	.07
30	42	26	16		.03	.03
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> 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: 5-7-24 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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

System Name: Umpqua Ranch Cooperative ID#: 41 00714 Month/Year: April 2024

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	1.20	105	137	10	7.44	23	yes	70
2	1.49	105	156	11	7.05	24	yes	70
3	1.40	105	147	12	7.07	25	yes	70
4	1.47	105	154	11	7.05	24	yes	70
5	1.52	105	159	11	7.16	24	yes	70
6	1.66	105	174	10	10.09	43	yes	70
7	2.07	105	217	10	7.19	26	yes	70
8	1.56	105	163	11	7.07	24	yes	70
9	1.41	105	148	11	7.48	24	yes	70
10	1.68	105	176	11	7.06	25	yes	70
11	1.29	105	135	11	7.29	23	yes	70
12	1.50	105	157	12	7.24	24	yes	70
13	1.55	105	162	12	7.41	24	yes	70
14	1.54	105	161	12	7.45	24	yes	70
15	1.46	105	153	12	7.46	24	yes	70
16	1.49	105	156	12	7.41	24	yes	70
17	1.49	105	156	10	7.17	24	yes	70
18	1.59	105	167	10	7.50	24	yes	70
19	1.57	105	164	11	7.19	24	yes	70
20	1.62	105	170	12	7.29	25	yes	70
21	1.63	105	171	11	7.57	30	yes	70
22	1.57	105	165	11	7.16	24	yes	70
23	1.10	105	116	11	7.34	23	yes	70
24	1.47	105	154	12	7.39	24	yes	70
25	1.68	105	176	12	7.53	30	yes	70
26	1.59	105	166	11	7.79	29	yes	70
27	1.39	105	145	12	7.27	23	yes	70
28	1.40	105	147	11	7.19	23	yes	70
29	1.56	105	164	11	8.15	35	yes	70
30	1.37	105	144	10	7.25	23	yes	70
31		105					yes	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

