

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Nov-24

System Name: Umpqua Ranch Cooperative		ID#: 41	00714	WTP ID: TP- A		
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	49.00	43.00	6.00	30.00	0.05	0.05
2	49.00	42.00	7.00	30.00	0.05	0.05
3	53.00	48.00	5.00	30.00	0.05	0.05
4	52.00	48.00	4.00	30.00	0.23	0.23
5	44.00	42.00	2.00	30.00	0.21	0.21
6	24.00	23.00	1.00	30.00	0.12	0.12
7	46.00	44.00	2.00	30.00	0.08	0.08
8	47.00	43.00	4.00	30.00	0.08	0.08
9	45.00	44.00	1.00	30.00	0.08	0.08
10	44.00	43.00	1.00	30.00	0.09	0.09
11	54.00	52.00	2.00	30.00	0.59	0.59
12	54.00	52.00	2.00	30.00	0.84	0.84
13	55.00	52.00	3.00	30.00	0.92	0.92
14	43.00	42.00	1.00	30.00	0.10	0.10
15	45.00	42.00	3.00	30.00	0.70	0.70
16	51.00	43.00	8.00	30.00	0.10	0.10
17	49.00	42.00	7.00	30.00	0.10	0.10
18	44.00	44.00	0.00	30.00	0.40	0.40
19	44.00	42.00	2.00	30.00	0.09	0.09
20	49.00	49.00	0.00	30.00	0.12	0.12
21	55.00	56.00	1.00	30.00	0.08	0.08
22	44.00	43.00	1.00	30.00	0.08	0.08
23	52.00	50.00	2.00	30.00	0.08	0.08
24	43.00	42.00	1.00	30.00	0.08	0.08
25	43.00	42.00	1.00	30.00	0.08	0.08
26	44.00	43.00	1.00	30.00	0.08	0.08
27	42.00	42.00	0.00	30.00	0.09	0.09
28	45.00	43.00	2.00	30.00	0.02	0.02
29	42.00	40.00	2.00	30.00	0.03	0.03
30	51.00	49.00	2.00	30.00	0.02	0.02
31						

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <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	DATE: 12-8-24
	SIGNATURE: <i>John Woody</i>	CERT #: 7232
	PHONE #: (541) 643-6137	

<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: Nov-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	1.11	105	116.6	11.0	7.72	23.5	YES	60
2	1.03	105	108.2	11.0	7.19	19.4	YES	60
3	0.8	105	84.0	11.0	7.69	22.5	YES	60
4	1.13	105	118.7	11.0	7.00	18.3	YES	60
5	1.04	105	109.2	10.0	6.97	19.2	YES	60
6	0.72	105	75.6	11.0	7.76	22.8	YES	60
7	1.08	105	113.4	9.0	7.78	27.4	YES	60
8	1.09	105	114.5	12.0	7.09	17.7	YES	60
9	1.58	105	165.9	10.0	7.08	21.2	YES	60
10	1.3	105	136.5	12.0	7.67	22.1	YES	60
11	1.63	105	171.2	10.0	7.71	26.6	YES	60
12	1.78	105	186.9	11.0	7.36	22.4	YES	60
13	1.46	105	153.3	11.0	7.17	20.2	YES	60
14	1.26	105	132.3	10.0	7.70	25.4	YES	60
15	0.85	105	89.3	11.0	7.01	17.9	YES	60
16	1.11	105	116.6	11.0	7.07	18.8	YES	60
17	0.79	105	83.0	10.0	6.72	17.1	YES	60
18	1.03	105	108.2	9.0	6.93	20.2	YES	60
19	1.29	105	135.5	9.0	7.74	27.7	YES	60
20	1.19	105	125.0	10.0	6.71	17.8	YES	60
21	1.36	105	142.8	11.0	7.15	19.8	YES	60
22	1.17	105	122.9	12.0	7.15	18.2	YES	60
23	0.94	105	98.7	10.0	7.13	20.1	YES	60
24	1.34	105	140.7	10.0	7.84	27.0	YES	60
25	1.34	105	140.7	10.0	7.16	21.2	YES	60
26	1.64	105	172.2	10.0	7.29	22.9	YES	60
27	0.96	105	100.8	10.0	6.99	19.1	YES	60
28	1.39	105	146.0	9.0	7.24	23.4	YES	60
29	1.44	105	151.2	11.0	6.97	18.8	YES	60
30	1.63	105	171.2	9.0	7.33	24.8	YES	60
31		105						60

<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:

[dlw.dnce@state.or.us](mailto:dlw.dnce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018