

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: DEC 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 ¹ [NTU]
1	49	47	2	30	.03	.03
2	48	47	1		.03	.03
3	43	44	2		.02	.02
4	42	45	3		.04	.04
5	49	50	1		.02	.02
6	42	43	1		.03	.03
7	43	44	1		.02	.02
8	41	43	2		.02	.02
9	46	49	3		.03	.03
10	42	44	2		.02	.02
11	42	44	2		.03	.03
12	42	44	2		.02	.02
13	42	43	1		.02	.02
14	48	50	2		.02	.02
15	42	43	1		.03	.03
16	42	43	1		.05	.05
17	48	50	2		.04	.04
18	48	50	2		.03	.03
19	48	49	1		.02	.03
20	42	42	0		.03	.03
21	43	43	0		.03	.03
22	42	42	0		.05	.05
23	42	42	0		.07	.07
24	44	45	1		.11	.11
25	42	44	2		.08	.08
26	42	43	1		.07	.07
27	44	45	1		.11	.11
28	42	43	1		.17	.17
29	43	42	1		.05	.05
30	43	42	1		.05	.05
31	44	47	3		.04	.04

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / 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	Yes / No	Yes / 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 Waddy	DATE: 1-10-25
		SIGNATURE: <i>Jonathan Waddy</i>	CERT #: 7232
		PHONE #: (541) 643-6137	

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: Dec 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	1.23	105	129	9	7.69	38	yes	60
2	1.42	105	149	7	8.03	34	yes	60
3	1.33	105	140	7	7.42	31	yes	60
4	1.65	105	173	8	7.67	40	yes	60
5	1.26	105	132	8	7.17	31	yes	60
6	1.26	105	132	10	7.38	23	yes	60
7	1.78	105	186	9	7.30	33	yes	60
8	1.73	105	181	10	7.35	25	yes	60
9	1.63	105	171	8	7.35	33	yes	60
10	1.59	105	167	7	7.22	32	yes	60
11	1.54	105	167	7	7.74	34	yes	60
12	1.49	105	156	8	7.29	32	yes	60
13	1.49	105	156	8	7.09	32	yes	60
14	1.64	105	172	9	7.34	33	yes	60
15	1.60	105	168	9	7.54	39	yes	60
16	1.26	105	132	9	6.92	26	yes	60
17	1.40	105	147	9	6.95	26	yes	60
18	1.23	105	129	11	7.96	28	yes	60
19	1.31	105	138	9	7.23	31	yes	60
20	1.17	105	122	10	7.11	23	yes	60
21	1.31	105	138	11	7.85	28	yes	60
22	1.31	105	138	10	7.43	23	yes	60
23	1.20	105	126	10	7.12	23	yes	60
24	1.31	105	138	10	6.75	19	yes	60
25	1.28	105	134	9	7.09	31	yes	60
26	1.20	105	126	9	7.74	37	yes	60
27	1.12	105	117	10	7.26	23	yes	60
28	1.24	105	130	11	7.63	28	yes	60
29	1.37	105	143	10	7.34	23	yes	60
30	1.43	105	150	9	6.91	26	yes	60
31	1.32	105	139	9	7.26	31	yes	60

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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018