

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year:

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	46	44	2	30	.03	.03
2	58	52	6	30	.08	.08
3	65	52	13		.04	.04
4	51	42	9		.05	.05
5	53	43	10		.03	.03
6	52	43	9		.04	.04
7	42	41	1		.03	.03
8	44	43	1		.03	.03
9	43	42	1		.03	.03
10	44	43	1		.03	.03
11	44	43	1		.03	.03
12	43	42	1		.04	.04
13	44	43	1		.04	.04
14	45	42	2		.07	.07
15	55	50	5		.07	.07
16	46	44	2		.05	.05
17	47	44	3		.05	.05
18	53	44	9		.06	.06
19	52	44	8		.07	.07
20	56	58	2		.06	.06
21	42	44	2		.10	.10
22	43	45	2		.04	.04
23	43	42	1		.03	.03
24	45	43	2		.06	.06
25	47	44	3		.03	.03
26	46	43	3		.03	.03
27	68	58	10		.06	.06
28	43	42	1		.03	.03
29	75	60	15		.03	.03
30	48	50	2		.04	.04
31	43	44	1		.03	.03

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU?

Yes / No

All daily turbidity readings ≤ 5 NTU?

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point ≥ 0.2
mg/l?

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 Woody

SIGNATURE: John Woody

DATE: 2-9-25

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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

A

System Name: Umpqua Ranch Cooperative

ID#: 41

00714

Month/Year: 1/2025

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	1.37	105	144	8	7.03	31	yes	60
2	1.22	105	128	9	7.06	31	yes	60
3	1.39	105	145	10	7.40	23	yes	60
4	1.39	105	145	10	7.77	28	yes	60
5	1.32	105	138	10	7.21	23	yes	60
6	1.01	105	106	10	7.01	23	yes	60
7	1.23	105	129	8	7.17	23	yes	60
8	1.28	105	134	10	7.39	23	yes	60
9	1.41	105	148	9	7.08	24	yes	60
10	1.29	105	135	10	7.44	23	yes	60
11	1.38	105	144	10	7.35	23	yes	60
12	1.47	105	154	8	6.94	20	yes	60
13	1.55	105	163	8	6.68	19	yes	60
14	1.49	105	156	8	6.59	19	yes	60
15	1.27	105	133	8	6.67	22	yes	60
16	1.21	105	127	7	7.02	31	yes	60
17	1.32	105	138	9	7.72	38	yes	60
18	1.41	105	148	10	6.66	17	yes	60
19	1.70	105	178	7	6.84	27	yes	60
20	1.44	105	151	6	6.72	26	yes	60
21	1.61	105	169	6	6.86	27	yes	60
22	1.63	105	171	6	6.58	27	yes	60
23	1.40	105	147	6	7.17	31	yes	60
24	1.44	105	151	6	7.34	32	yes	60
25	1.11	105	116	8	7.71	37	yes	60
26	1.55	105	165	7	7.28	32	yes	60
27	1.46	105	153	5	6.78	26	yes	60
28	1.40	105	147	5	7.16	31	yes	60
29	1.39	105	146	5	6.98	26	yes	60
30	1.37	105	144	6	7.10	31	yes	60
31	1.40	105	147	7	7.22	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