

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Douglas

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: Mar-24

Day	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day (1) NTU
1	OFF	OFF	OFF	0.013	0.013	OFF	0.013
2	OFF	OFF	0.014	0.013	0.013	OFF	0.014
3	OFF	OFF	OFF	0.013	0.014	0.014	0.014
4	OFF	OFF	OFF	0.014	0.014	OFF	0.014
5	OFF	OFF	0.014	0.014	0.014	OFF	0.014
6	OFF	OFF	0.014	0.014	0.014	OFF	0.014
7	OFF	OFF	OFF	0.013	0.014	0.013	0.014
8	OFF	OFF	0.014	0.013	0.014	OFF	0.014
9	OFF	OFF	0.014	0.013	0.014	OFF	0.014
10	OFF	OFF	OFF	0.014	0.014	OFF	0.014
11	OFF	OFF	OFF	0.014	0.014	OFF	0.014
12	OFF	OFF	OFF	0.014	0.014	OFF	0.014
13	OFF	OFF	OFF	0.014	0.014	0.014	0.014
14	OFF	OFF	OFF	0.014	0.014	OFF	0.014
15	OFF	OFF	OFF	0.014	0.014	0.014	0.014
16	OFF	OFF	OFF	0.014	OFF	OFF	0.014
17	OFF	OFF	OFF	0.014	0.015	0.015	0.015
18	OFF	OFF	OFF	0.013	0.013	OFF	0.013
19	OFF	0.013	0.013	OFF	0.013	0.013	0.013
20	OFF	OFF	OFF	0.013	0.013	OFF	0.013
21	OFF	OFF	OFF	0.013	0.013	0.013	0.013
22	OFF	OFF	OFF	0.015	0.014	OFF	0.015
23	OFF	OFF	0.013	0.013	0.013	OFF	0.013
24	OFF	OFF	0.014	0.014	0.014	0.014	0.014
25	OFF	OFF	OFF	0.014	0.014	0.014	0.014
26	OFF	OFF	OFF	0.014	0.014	OFF	0.014
27	OFF	OFF	OFF	0.014	OFF	OFF	0.014
28	OFF	OFF	0.014	0.014	0.014	0.014	0.014
29	OFF	OFF	0.014	0.014	OFF	OFF	0.014
30	OFF	OFF	0.014	0.014	0.014	0.014	0.014
31	OFF	OFF	0.014	0.014	0.014	OFF	0.014

Slow Sand / <u>Membrane</u> / DE Filtration/ Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? <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	Printed Name: Keith Ramsay	
Notes:	Signature: <i>Keith J Ramsay</i>	Date: 04/09/24
	Phone #: 541-672-5559	Cert #: T-08920

(1) Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" through "8PM" may not correspond to continuous readings maximum. (2) Filtered systems only.

OHA - DWS

Disinfection Monthly Operating Report

System Name: **Umpqua Basin Water Assoc Inc.**

PWS ID#: 41 - **00719**

Plant ID : WTP - **A**

0.5

← Log Inactivation
Required via
Disinfection

Day	Minimum Cl ₂ Residual at 1 st User (C) † [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? † [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.848	49.5	42.0	7.2	7.62	28.4	YES	2,892	
2	1.030	64	65.9	6.7	7.45	28.2	YES	2,242	
3	1.140	73	83.2	6.4	7.37	28.3	YES	1,839	
4	1.120	73	81.8	6.1	7.54	30.8	YES	1,954	
5	1.040	91.5	95.2	5.8	7.41	29.7	YES	1,662	
6	1.120	73	81.8	5.7	7.43	30.3	YES	1,838	
7	1.050	55	57.8	6.7	7.52	29.1	YES	2,540	
8	1.180	64	75.5	6.3	7.55	30.7	YES	2,309	
9	1.080	64	69.1	7.3	7.52	28.0	YES	2,225	
10	1.050	73	76.7	7.6	7.62	28.4	YES	1,958	
11	0.973	91.5	89.0	7.6	7.42	26.2	YES	1,526	
12	1.110	64	71.0	7.6	7.49	27.3	YES	2,141	
13	0.871	49.5	43.1	7.8	7.49	26.2	YES	2,880	
14	0.982	73	71.7	8.5	7.56	25.9	YES	1,959	
15	0.993	73	72.5	8.7	7.60	25.9	YES	1,961	
16	1.120	91.5	102.5	8.4	7.49	25.8	YES	1,663	
17	1.160	73	84.7	8.6	7.47	25.4	YES	1,865	
18	0.971	64	62.1	9.2	7.55	24.6	YES	2,141	
19	1.040	91.5	95.2	10.1	7.63	24.0	YES	1,611	
20	1.080	73	78.8	9.8	7.60	24.4	YES	1,946	
21	1.125	73	82.1	9.3	7.61	25.4	YES	1,845	
22	1.150	91.5	105.2	9.3	7.67	26.0	YES	1,520	
23	1.140	91.5	104.3	9.2	7.49	24.6	YES	1,644	
24	0.980	73	71.5	8.3	7.57	26.4	YES	1,959	
25	0.904	73	66.0	8.8	7.63	25.8	YES	1,961	
26	0.955	91.5	87.4	8.9	7.54	25.0	YES	1,535	
27	1.023	91.5	93.6	9.6	7.55	24.2	YES	1,525	
28	1.175	49.5	58.2	8.4	7.59	27.0	YES	2,939	
29	1.107	55	60.9	8.1	7.54	26.9	YES	2,523	
30	1.136	73	82.9	8.3	7.57	26.9	YES	1,826	
31	1.230	73	89.8	9.1	7.49	24.9	YES	1,976	

† If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458



Umpqua Basin Water Association, Inc.
Pressure Decay Tests / Membrane Integrity Tests

System ID #: 41-00719

Month/Year: Mar-24

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.845	9:15	4.295	
2	8:15	4.845	8:45	4.845	9:15	4.281	
3	8:15	4.845	8:45	4.845	9:15	4.306	
4	8:15	4.845	8:45	4.845	9:15	4.304	
5	8:15	4.845	8:45	4.845	9:15	4.293	
6	8:15	4.845	8:45	4.845	9:15	4.298	
7	8:15	4.845	8:45	4.845	9:15	4.291	
8	8:15	4.845	8:45	4.845	9:15	4.266	
9	8:15	4.845	8:45	4.845	9:15	4.272	
10	8:15	4.845	8:45	4.845	10:15	4.283	
11	8:15	4.845	8:45	4.845	9:15	4.282	
12	8:15	4.845	8:45	4.837	9:15	4.276	
13	8:15	4.845	8:45	4.845	9:15	4.252	
14	8:15	4.845	8:45	4.845	9:15	4.259	
15	8:15	4.845	8:45	4.845	9:15	4.271	
16	8:15	4.845	8:45	4.845	9:15	4.256	
17	8:15	4.845	8:45	4.845	9:15	4.265	
18	8:15	4.845	8:45	4.845	9:15	4.245	
19	8:15	4.845	8:45	4.845	9:15	4.237	
20	8:15	4.845	8:45	4.844	9:15	4.242	
21	8:15	4.845	8:45	4.839	9:15	4.260	
22	8:15	4.845	8:45	4.841	9:15	4.251	
23	8:15	4.845	8:45	4.833	9:15	4.241	
24	8:15	4.845	8:45	4.845	9:15	4.251	
25	8:15	4.845	8:45	4.845	9:15	4.267	
26	8:15	4.845	8:45	4.844	9:15	4.270	
27	8:15	4.845	8:45	4.830	9:15	4.248	
28	8:15	4.845	8:45	4.838	9:15	4.247	
29	8:15	4.845	8:45	4.843	9:15	4.248	
30	8:15	4.845	8:45	4.829	9:15	4.232	
31	8:15	4.845	8:45	4.825	9:15	4.237	

NIS = NOT IN SERVICE