

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Apr-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	0.014	0.014	0.014	0.014	0.014
2	0.014	OFF	0.014	0.014	0.014	0.014	0.014
3	0.014	OFF	0.015	0.014	0.015	0.014	0.015
4	0.014	OFF	OFF	0.014	0.014	0.014	0.014
5	OFF	OFF	OFF	0.014	0.014	0.014	0.014
6	OFF	OFF	OFF	0.014	0.014	0.014	0.014
7	0.014	0.013	OFF	0.013	0.014	0.014	0.014
8	0.014	OFF	OFF	0.014	0.013	0.014	0.014
9	OFF	OFF	OFF	OFF	0.014	0.014	0.014
10	0.014	0.014	OFF	0.014	OFF	OFF	0.014
11	OFF	OFF	0.014	0.014	0.014	0.014	0.014
12	0.014	0.014	0.014	0.014	0.014	0.014	0.014
13	OFF	OFF	0.014	0.014	0.014	0.014	0.014
14	0.014	0.014	0.014	0.014	0.014	OFF	0.014
15	OFF	OFF	0.014	0.014	0.014	0.014	0.014
16	0.014	0.014	0.014	0.014	0.014	0.014	0.014
17	0.014	OFF	0.014	0.014	0.014	0.014	0.014
18	0.014	0.014	0.014	0.014	0.014	0.014	0.014
19	0.014	OFF	OFF	0.014	0.014	0.014	0.014
20	0.014	0.014	0.014	0.014	0.014	0.014	0.014
21	0.014	OFF	OFF	0.014	0.014	OFF	0.014
22	OFF	OFF	0.015	0.014	0.014	0.014	0.015
23	0.014	0.014	0.014	0.014	0.014	0.013	0.014
24	0.013	0.014	0.014	0.014	0.013	0.013	0.014
25	OFF	OFF	OFF	0.014	0.013	OFF	0.014
26	OFF	OFF	OFF	0.014	0.014	0.014	0.014
27	0.014	0.014	0.014	0.014	0.014	0.014	0.014
28	0.014	0.014	0.014	0.014	OFF	0.014	0.014
29	0.014	0.014	OFF	0.014	0.014	0.014	0.014
30	OFF	OFF	OFF	0.014	0.015	OFF	0.015

Slow Sand / Membrane / DE Filtration/ Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="radio"/> Yes / No	CT's met everyday? <input checked="" type="radio"/> Yes / No	All CL2 residual at entry point ≥ 0.2 mg/l ? <input checked="" type="radio"/> Yes / No
All daily turbidity readings ≤ 5 NTU <input checked="" type="radio"/> Yes / No		
Notes:	Printed Name: Keith Ramsay	
	Signature: <i>Keith J Ramsay</i>	Date: 05/06/24
	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	1.250	73	91.3	10.7	7.77	24.9	YES	2,061	
2	1.330	73	97.1	11.4	7.72	23.4	YES	1,764	
3	1.280	110	140.8	11.2	7.71	23.6	YES	1,105	
4	0.900	73	65.7	10.2	7.69	24.0	YES	1,873	
5	1.180	55	64.9	9.4	7.70	26.2	YES	2,444	
6	1.024	73	74.8	8.7	7.69	26.9	YES	1,869	
7	0.840	73	61.3	9.0	7.44	23.6	YES	1,911	
8	0.870	73	63.5	10.0	7.68	24.1	YES	1,894	
9	0.805	73	58.8	10.9	7.63	22.1	YES	1,785	
10	0.983	73	71.8	10.6	7.66	23.3	YES	1,897	
11	0.903	73	65.9	11.9	7.57	20.5	YES	1,899	
12	1.090	110	119.9	12.1	7.70	21.7	YES	1,162	
13	1.090	73	79.6	11.5	7.60	21.8	YES	1,912	
14	1.010	73	73.7	10.8	7.60	22.6	YES	1,884	
15	1.000	73	73.0	10.0	7.53	23.3	YES	1,900	
16	0.871	73	63.6	10.2	7.60	23.2	YES	1,902	
17	0.907	110	99.8	10.3	7.57	22.9	YES	1,383	
18	1.050	110	115.5	10.5	7.64	23.5	YES	1,162	
19	1.097	73	80.1	11.4	7.62	22.0	YES	1,952	
20	0.977	73	71.3	12.1	7.58	20.6	YES	1,893	
21	0.801	110	88.1	11.6	7.47	20.1	YES	1,319	
22	0.862	73	62.9	11.7	7.56	20.7	YES	1,790	
23	1.032	73	75.3	12.5	7.64	20.5	YES	1,914	
24	1.070	73	78.1	13.0	7.67	20.1	YES	1,865	
25	1.030	110	113.3	12.9	7.67	20.2	YES	1,193	
26	1.030	73	75.2	11.9	7.67	21.5	YES	1,875	
27	0.810	73	59.1	10.3	7.56	22.5	YES	1,887	
28	0.871	73	63.6	9.8	7.53	23.1	YES	1,905	
29	0.951	110	104.6	10.1	7.53	22.9	YES	1,296	
30	0.957	73	69.9	9.8	7.57	23.7	YES	1,780	

† 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: Apr-24

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	7:45	4.845	8:45	4.835	9:15	4.205	
2	7:45	4.845	8:45	4.824	9:15	4.198	
3	8:15	4.845	7:45	4.845	9:15	4.184	
4	8:15	4.845	7:45	4.845	9:15	4.195	
5	8:15	4.845	8:45	4.845	7:45	4.219	
6	8:15	4.845	8:45	4.845	7:45	4.086	
7	8:15	4.845	8:45	4.845	9:15	4.201	
8	8:15	4.845	8:45	4.839	9:15	4.220	
9	8:15	4.845	8:45	4.842	9:15	4.226	
10	8:15	4.845	8:45	4.845	9:15	4.215	
11	8:15	4.845	8:45	4.831	9:15	4.200	
12	8:15	4.845	8:45	4.839	9:15	4.186	
13	8:15	4.845	8:45	4.816	9:15	4.181	
14	8:15	4.845	8:45	4.820	9:15	4.193	
15	8:15	4.845	8:45	4.827	9:15	4.211	
16	8:15	4.845	8:45	4.816	9:15	4.193	
17	8:15	4.845	8:45	4.818	9:15	4.184	
18	8:15	4.845	8:45	4.827	14:00	4.845	
19	8:15	4.845	8:45	4.829	15:00	4.845	
20	8:15	4.845	8:45	4.819	9:15	4.845	
21	8:15	4.845	8:45	4.808	9:15	4.845	
22	8:15	4.845	8:45	4.824	9:15	4.845	
23	7:45	4.845	8:45	4.802	9:15	4.845	
24	8:15	4.845	7:45	4.792	9:15	4.845	
25	8:15	4.845	8:45	4.814	9:15	4.845	
26	8:15	4.845	8:45	4.830	9:15	4.845	
27	8:15	4.845	8:45	4.817	9:15	4.845	
28	8:15	4.845	8:45	4.807	9:15	4.845	
29	8:15	4.845	8:45	4.813	9:15	4.845	
30	8:15	4.845	8:45	4.827	9:15	4.845	

NIS = NOT IN SERVICE