

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: May-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	0.014	0.014	0.014	0.014
2	0.014	0.014	0.014	0.014	0.014	0.014	0.014
3	OFF	OFF	OFF	0.014	0.014	0.014	0.014
4	0.014	0.015	OFF	0.014	0.014	0.014	0.015
5	0.015	OFF	0.015	0.014	0.014	0.014	0.015
6	0.014	0.014	0.014	0.014	0.014	0.014	0.014
7	OFF	OFF	0.014	0.014	0.014	0.014	0.014
8	0.014	0.014	0.015	0.014	0.014	0.015	0.015
9	0.015	OFF	0.015	0.014	0.014	0.013	0.015
10	0.014	0.014	0.014	0.014	0.014	0.014	0.014
11	0.013	0.013	0.013	0.014	0.013	0.014	0.014
12	0.013	0.015	0.013	0.014	0.013	0.014	0.015
13	0.017	0.014	0.014	0.014	0.014	0.014	0.017
14	0.014	0.014	0.013	0.014	0.014	0.014	0.014
15	0.014	0.014	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	0.014	0.014	0.014	0.014	0.014	0.014
18	0.014	0.014	0.015	0.014	0.015	0.015	0.015
19	0.015	0.015	0.014	0.014	0.015	0.015	0.015
20	0.014	0.015	0.014	0.014	0.014	0.014	0.015
21	0.014	0.014	0.015	0.014	0.014	0.014	0.015
22	0.014	0.014	0.015	0.014	0.014	0.014	0.015
23	0.015	0.017	0.014	0.014	0.014	0.014	0.017
24	0.014	0.014	0.014	0.014	0.015	0.014	0.015
25	0.014	0.015	0.014	0.014	0.014	0.014	0.015
26	0.014	0.014	0.014	0.014	0.014	0.014	0.014
27	0.014	0.014	0.014	0.014	0.015	0.014	0.015
28	0.014	0.014	0.014	0.014	0.014	0.014	0.014
29	0.014	0.014	0.014	0.014	0.014	0.014	0.014
30	0.014	0.014	0.014	0.014	0.014	0.014	0.014
31	0.014	0.014	0.014	0.015	0.014	0.014	0.015

Slow Sand / Membrane / DE Filtration/ Unfiltered 95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Summary (Answer Yes or No) CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All CL2 residual at entry point ≥ 0.2 mg/l ? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:	Printed Name: Keith Ramsay	
	Signature: <i>Keith J Ramsay</i>	Date: 05/10/24
	Phone #: 541-672-5559	Cert #: T-08920

(1) Including continous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" through "8PM" may not correspond to continous 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	0.904	73	66.0	10.0	7.35	21.6	YES	1,906	
2	1.005	73	73.4	10.4	7.57	22.9	YES	1,907	
3	0.970	73	70.8	11.1	7.48	21.2	YES	1,907	
4	1.000	110	110.0	10.4	7.64	23.5	YES	1,310	
5	0.729	73	53.2	9.1	7.52	23.8	YES	1,866	
6	0.936	110	103.0	9.0	7.45	24.0	YES	1,149	
7	0.892	110	98.1	9.3	7.34	22.5	YES	1,371	
8	1.012	110	111.3	9.4	7.51	24.0	YES	1,358	
9	0.916	91.5	83.8	10.6	7.42	21.3	YES	1,391	
10	1.100	55	60.5	12.2	7.65	21.2	YES	2,505	
11	1.054	73	76.9	15.5	7.58	16.5	YES	1,900	
12	1.013	73	73.9	16.1	7.63	16.0	YES	1,910	
13	1.140	110	125.4	15.4	7.64	17.1	YES	1,255	
14	1.058	91.5	96.8	14.7	7.69	18.1	YES	1,403	
15	1.012	73	73.9	14.7	7.69	17.9	YES	1,915	
16	1.020	73	74.5	14.7	7.65	17.7	YES	1,914	
17	1.090	110	119.9	15.7	7.54	16.0	YES	1,343	
18	0.980	73	71.5	14.8	7.53	16.8	YES	1,904	
19	0.860	73	62.8	14.9	7.59	16.7	YES	1,910	
20	1.064	110	117.0	14.8	7.61	17.5	YES	1,117	
21	1.133	110	124.6	14.7	7.70	18.3	YES	1,197	
22	1.010	73	73.7	14.5	7.56	17.4	YES	1,902	
23	1.024	73	74.8	14.1	7.60	18.1	YES	1,795	
24	1.110	55	61.1	14.4	7.63	18.1	YES	2,510	
25	1.020	110	112.2	15.4	7.69	17.2	YES	1,379	
26	0.938	110	103.2	16.0	7.61	15.8	YES	1,330	
27	1.136	73	82.9	15.8	7.63	16.6	YES	1,806	
28	1.017	73	74.2	16.4	7.63	15.6	YES	1,916	
29	1.190	73	86.9	15.1	7.65	17.6	YES	1,920	
30	1.150	73	84.0	15.6	7.64	16.9	YES	1,999	
31	0.953	55	52.4	17.1	7.60	14.8	YES	2,714	

† 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: May-13

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.817	9:15	4.845	
2	8:15	4.845	8:45	4.798	9:15	4.845	
3	8:15	4.845	8:45	4.802	9:15	4.845	
4	8:15	4.845	8:45	4.802	9:15	4.845	
5	8:15	4.845	8:45	4.747	9:15	4.845	
6	8:15	4.845	8:45	4.766	9:15	4.845	
7	8:15	4.845	8:45	4.771	9:15	4.845	
8	8:15	4.845	8:45	4.780	9:15	4.845	
9	8:15	4.845	8:45	4.775	9:15	4.845	
10	8:15	4.845	8:45	4.787	9:15	4.845	
11	8:15	4.845	8:45	4.789	9:15	4.845	
12	8:15	4.845	8:45	4.780	9:15	4.845	
13	8:15	4.845	8:45	4.781	9:15	4.845	
14	8:15	4.845	8:45	4.784	9:15	4.845	
15	8:15	4.845	8:45	4.787	9:15	4.845	
16	8:15	4.845	8:45	4.759	9:15	4.845	
17	8:15	4.845	8:45	4.758	9:15	4.845	
18	8:15	4.845	8:45	4.769	9:15	4.845	
19	8:15	4.845	8:45	4.771	9:15	4.845	
20	8:15	4.845	8:45	4.765	9:15	4.845	
21	8:15	4.845	8:45	4.773	9:15	4.845	
22	8:15	4.845	8:45	4.771	9:15	4.845	
23	8:15	4.845	8:45	4.770	9:15	4.845	
24	8:15	4.845	8:45	4.767	9:15	4.845	
25	8:15	4.845	8:45	4.760	9:15	4.845	
26	8:15	4.845	8:45	4.764	9:15	4.845	
27	8:15	4.845	8:45	4.758	9:15	4.845	
28	8:15	4.845	8:45	4.744	9:15	4.845	
29	8:15	4.845	8:45	4.763	9:15	4.845	
30	8:15	4.845	8:45	4.778	9:15	4.845	
31	8:15	4.845	8:45	4.780	9:15	4.845	

NIS = NOT IN SERVICE