

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: Jun-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	0.014	0.014	0.014	0.014	0.014	0.014	0.014
2	0.015	0.014	0.014	0.014	0.015	0.015	0.015
3	0.015	0.015	0.015	0.014	0.014	0.015	0.015
4	0.014	0.014	0.014	0.014	0.015	0.014	0.015
5	OFF	OFF	0.014	0.014	0.014	0.014	0.014
6	0.014	OFF	0.014	0.014	0.014	0.014	0.014
7	0.014	0.014	0.014	0.014	0.015	0.014	0.015
8	0.014	0.014	0.014	0.014	0.014	0.014	0.014
9	0.014	0.014	0.014	0.014	0.014	0.014	0.014
10	0.014	0.015	0.015	0.015	0.015	0.015	0.015
11	0.015	0.015	0.015	0.014	0.014	0.014	0.015
12	0.014	0.014	0.014	0.014	0.014	0.014	0.014
13	0.014	OFF	0.014	0.014	0.014	0.014	0.014
14	0.014	0.014	0.014	0.014	0.016	0.015	0.016
15	0.015	0.015	0.015	0.015	0.015	0.015	0.015
16	0.015	0.015	0.015	0.015	0.015	0.015	0.015
17	0.015	0.015	0.015	0.014	0.015	0.015	0.015
18	0.014	0.014	0.014	0.014	0.014	0.014	0.014
19	0.014	0.014	0.014	0.015	0.015	0.015	0.015
20	0.015	0.015	0.015	0.015	0.015	0.015	0.015
21	0.015	0.015	0.015	0.015	0.015	0.015	0.015
22	0.015	0.015	0.015	0.015	0.015	0.015	0.015
23	0.015	0.015	0.015	0.015	0.015	0.016	0.016
24	0.016	0.015	0.015	0.016	0.014	0.014	0.016
25	0.014	0.014	0.014	0.014	0.015	0.014	0.015
26	0.015	0.014	0.014	0.014	0.014	0.014	0.015
27	0.014	0.014	0.014	0.015	0.015	0.014	0.015
28	0.014	0.014	0.014	0.014	0.016	0.015	0.016
29	0.015	0.014	0.014	0.016	0.015	0.015	0.016
30	0.015	0.014	0.014	0.015	0.016	0.015	0.016

<b>Slow Sand / Membrane / DE Filtration/ Unfiltered</b> 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		<b>Monthly Summary (Answer Yes or No)</b> 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	
<b>Notes:</b>		Printed Name: <b>Keith Ramsay</b>	
		Signature: <i>Keith J Ramsay</i>	Date: 07/10/24
		Phone #: <b>541-672-5559</b>	Cert #: <b>T-08920</b>

(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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.060	64	67.8	16.8	7.61	15.3	YES	2,145	
2	1.130	64	72.3	17.6	7.60	14.6	YES	2,093	
3	1.119	73	81.7	16.1	7.67	16.4	YES	1,997	
4	0.922	64	59.0	15.3	7.61	16.5	YES	2,118	
5	0.989	73	72.2	16.6	7.56	15.0	YES	1,995	
6	1.031	91.5	94.3	18.4	7.63	13.8	YES	1,533	
7	1.130	91.5	103.4	18.3	7.52	13.5	YES	1,561	
8	1.150	73	84.0	19.7	7.56	12.5	YES	1,807	
9	0.995	64	63.7	19.0	7.35	11.9	YES	2,163	
10	1.020	73	74.5	19.5	7.56	12.4	YES	2,081	
11	1.128	64	72.2	21.3	7.66	11.6	YES	2,169	
12	1.348	64	86.3	19.7	7.63	13.1	YES	2,142	
13	1.070	73	78.1	20.3	7.64	12.2	YES	1,923	
14	1.096	64	70.1	19.9	7.57	12.2	YES	2,184	
15	1.050	110	115.5	18.3	7.82	14.9	YES	1,327	
16	1.056	64	67.6	17.1	7.65	15.2	YES	2,168	
17	0.976	73	71.2	16.1	7.59	15.8	YES	1,941	
18	0.994	64	63.6	15.5	7.67	16.8	YES	2,135	
19	1.060	64	67.8	18.8	7.70	13.8	YES	2,195	
20	1.030	64	65.9	18.1	7.61	13.9	YES	2,157	
21	0.930	73	67.9	22.2	7.71	10.9	YES	1,920	
22	1.020	73	74.5	20.9	7.60	11.5	YES	1,829	
23	0.930	73	67.9	21.1	7.60	11.2	YES	1,939	
24	1.143	64	73.2	22.0	7.76	11.5	YES	2,137	
25	0.995	64	63.7	22.4	7.59	10.3	YES	2,230	
26	0.875	64	56.0	20.9	7.67	11.6	YES	2,212	
27	1.112	64	71.2	20.3	7.77	12.9	YES	2,264	
28	1.095	64	70.1	22.2	7.37	9.7	YES	2,212	
29	1.121	64	71.7	20.9	7.64	11.8	YES	2,212	
30	1.245	64	79.7	21.5	7.81	12.2	YES	2,274	

**\* 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 10<sup>th</sup> of following month by**

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

email: [dwp.dmce@odhsoha.oregon.gov](mailto: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: Jun-24**

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.764	9:15	4.845	
2	8:15	4.845	8:45	4.766	9:15	4.845	
3	7:45	4.845	8:45	4.759	9:15	4.845	
4	7:45	4.845	8:45	4.760	9:15	4.845	
5	8:15	4.845	7:45	4.752	9:15	4.845	
6	8:15	4.845	7:45	4.778	9:15	4.845	
7	8:15	4.845	8:45	4.708	7:45	4.845	
8	8:15	4.845	8:45	4.727	7:45	4.845	
9	8:15	4.845	8:45	4.711	9:15	4.845	
10	8:15	4.845	8:45	4.732	9:15	4.845	
11	8:15	4.845	8:45	4.719	9:15	4.845	
12	8:15	4.845	8:45	4.702	9:15	4.845	
13	8:15	4.845	8:45	4.715	9:15	4.845	
14	8:15	4.845	8:45	4.703	9:15	4.845	
15	8:15	4.845	8:45	4.697	9:15	4.845	
16	8:15	4.845	8:45	4.696	9:15	4.845	
17	8:15	4.845	8:45	4.694	9:15	4.845	
18	8:15	4.845	8:45	4.683	9:15	4.845	
19	8:15	4.845	8:45	4.694	9:15	4.845	
20	8:15	4.845	8:45	4.677	9:15	4.845	
21	8:15	4.845	8:45	4.677	9:15	4.845	
22	8:15	4.845	8:45	4.670	9:15	4.845	
23	8:15	4.845	8:45	4.657	9:15	4.845	
24	8:15	4.845	8:45	4.696	9:15	4.845	
25	8:15	4.845	8:45	4.692	9:15	4.845	
26	8:15	4.845	8:45	4.673	9:15	4.845	
27	8:15	4.845	8:45	4.664	9:15	4.845	
28	8:15	4.845	8:45	4.665	9:15	4.845	
29	8:15	4.845	8:45	4.682	9:15	4.845	
30	8:15	4.845	8:45	4.678	9:15	4.845	

**NIS = NOT IN SERVICE**