

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: Jul-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	0.015	0.015	0.015	0.015	0.015	0.015	0.015
2	0.015	0.015	0.015	0.015	0.016	0.015	0.016
3	0.015	0.015	0.015	0.015	0.016	0.016	0.016
4	0.016	0.015	0.015	0.015	0.015	0.015	0.016
5	0.015	0.015	0.014	0.015	0.015	OFF	0.015
6	0.015	0.014	0.014	0.016	0.015	0.015	0.016
7	0.014	0.015	0.014	0.014	0.016	0.014	0.016
8	0.015	OFF	0.015	0.014	0.016	0.013	0.016
9	0.014	0.013	0.014	0.013	0.013	0.013	0.014
10	0.013	0.014	0.013	0.015	0.017	OFF	0.017
11	0.014	0.013	0.014	0.015	0.013	0.014	0.015
12	0.014	0.014	0.014	0.015	0.014	0.014	0.015
13	0.014	0.014	0.014	0.015	0.016	0.015	0.016
14	0.015	0.015	0.015	0.016	0.016	0.015	0.016
15	0.015	0.015	0.015	0.016	0.017	0.016	0.017
16	0.017	0.016	0.017	0.017	0.017	0.014	0.017
17	0.015	0.015	0.014	0.013	0.014	0.014	0.015
18	0.015	0.013	0.013	0.013	0.014	0.013	0.015
19	0.014	OFF	0.014	0.013	0.014	0.014	0.014
20	OFF	0.014	0.014	0.014	0.014	0.014	0.014
21	0.014	OFF	0.016	0.014	0.014	0.014	0.016
22	0.014	OFF	0.014	0.015	0.014	0.015	0.015
23	0.015	0.015	0.015	0.015	0.015	0.015	0.015
24	0.015	0.016	0.016	0.016	0.013	0.014	0.016
25	0.014	OFF	0.014	0.014	0.014	0.015	0.015
26	0.014	0.014	0.014	0.014	0.014	0.015	0.015
27	0.015	0.016	0.015	0.014	0.014	0.015	0.016
28	0.015	0.015	0.015	0.015	0.015	0.016	0.016
29	0.016	OFF	0.016	0.016	0.016	0.016	0.016
30	0.016	0.016	0.016	0.016	0.013	0.013	0.016
31	0.014	0.013	0.013	0.014	0.013	0.014	0.014

Slow Sand (Membrane) DE Filtration/ Unfiltered 95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU <input checked="" type="radio"/> Yes <input type="radio"/> No		Monthly Summary (Answer Yes or 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	
Notes:		Printed Name: Keith Ramsay	
		Signature: <i>Keith J Ramsay</i>	Date: 08/09/24
		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	1.350	64	86.4	21.6	7.73	12.0	YES	2,109	
2	1.118	49.5	55.3	23.5	7.75	10.3	YES	2,861	
3	1.157	64	74.0	21.7	7.68	11.4	YES	2,143	
4	1.220	64	78.1	21.9	7.63	11.1	YES	2,276	
5	1.070	55	58.9	24.3	7.72	9.6	YES	2,581	
6	0.944	44	41.5	24.5	7.64	9.1	YES	3,176	
7	1.060	55	58.3	24.1	7.55	9.1	YES	2,561	
8	1.108	44	48.8	24.3	7.56	9.1	YES	3,193	
9	1.097	55	60.3	24.6	7.58	9.0	YES	2,458	
10	1.113	55	61.2	26.3	7.78	8.6	YES	2,535	
11	0.815	55	44.8	24.8	7.62	8.7	YES	2,459	
12	0.930	55	51.2	24.1	7.67	9.4	YES	2,438	
13	0.830	44	36.5	25.0	7.67	8.8	YES	3,197	
14	0.972	55	53.5	26.2	7.92	9.0	YES	2,556	
15	1.063	73	77.6	25.8	7.75	8.8	YES	1,980	
16	1.084	55	59.6	26.1	7.49	7.8	YES	2,444	
17	0.950	55	52.3	23.4	7.63	9.8	YES	2,467	
18	1.001	73	73.1	24.1	7.73	9.7	YES	1,980	
19	1.355	55	74.5	25.5	7.96	10.0	YES	2,439	
20	1.046	55	57.5	23.6	7.66	9.8	YES	2,574	
21	1.120	55	61.6	24.2	7.84	10.2	YES	2,562	
22	1.021	55	56.2	23.9	7.90	10.5	YES	2,565	
23	0.998	55	54.9	22.9	7.75	10.6	YES	2,435	
24	0.945	55	52.0	21.9	7.69	11.0	YES	2,504	
25	0.801	44	35.2	22.2	8.09	12.4	YES	3,200	
26	0.979	55	53.8	21.1	7.71	11.7	YES	2,568	
27	0.988	55	54.3	22.5	7.76	10.9	YES	2,566	
28	0.863	55	47.5	21.3	7.57	10.9	YES	2,542	
29	0.830	55	45.7	21.1	7.90	12.4	YES	2,594	
30	1.050	55	57.8	21.4	7.70	11.6	YES	2,565	
31	1.090	55	60.0	23.8	7.81	10.3	YES	2,558	

*** 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

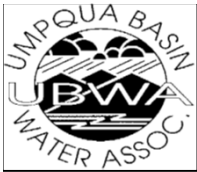
mail: Drinking Water Services

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: Jul-24

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.684	9:15	4.845	
2	8:15	4.845	8:45	4.667	9:15	4.845	
3	8:15	4.845	8:45	4.650	9:15	4.845	
4	8:15	4.845	8:45	4.658	9:15	4.845	
5	8:15	4.845	8:45	4.650	9:15	4.845	
6	8:15	4.845	8:45	4.598	9:15	4.845	
7	8:15	4.845	8:45	4.640	9:15	4.845	
8	8:15	4.845	8:45	4.567	9:15	4.845	
9	8:15	4.845	8:45	4.627	9:15	4.845	
10	8:15	4.845	8:45	4.633	9:15	4.845	
11	8:15	4.845	8:45	4.625	9:15	4.845	
12	8:15	4.845	8:45	4.640	9:15	4.845	
13	8:15	4.845	8:45	4.634	9:15	4.845	
14	8:15	4.845	8:45	4.614	9:15	4.845	
15	8:45	4.845	8:00	4.641	9:15	4.845	
16	8:15	4.845	7:45	4.669	9:15	4.845	
17	8:15	4.845	8:45	4.646	7:45	4.845	
18	8:15	4.845	8:45	4.636	7:45	4.845	
19	7:45	4.845	8:45	4.624	9:15	4.845	
20	7:45	4.845	8:45	4.631	9:15	4.845	
21	8:15	4.845	8:45	4.602	9:15	4.845	
22	8:15	4.845	8:45	4.648	9:15	4.845	
23	7:45	4.845	8:45	4.608	9:15	4.845	
24	8:15	4.845	8:45	4.575	9:15	4.845	
25	8:15	4.845	8:45	4.539	9:15	4.845	
26	8:15	4.845	8:45	4.568	9:15	4.845	
27	8:15	4.845	8:45	4.571	9:15	4.845	
28	8:15	4.845	8:45	4.522	9:15	4.845	
29	8:15	4.845	8:45	4.539	9:15	4.845	
30	8:15	4.845	8:45	4.546	9:15	4.845	
31	8:15	4.845	8:45	4.530	9:15	4.845	

NIS = NOT IN SERVICE