

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: Aug-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	0.014	OFF	OFF	0.014	0.014	0.015	0.015
3	0.015	0.014	0.014	0.014	0.015	0.015	0.015
4	0.015	OFF	0.015	0.016	0.015	0.016	0.016
5	0.016	0.017	0.017	OFF	0.016	0.016	0.017
6	0.015	0.015	0.015	0.015	0.014	0.015	0.015
7	0.015	0.014	0.014	0.014	0.014	0.015	0.015
8	0.015	0.014	0.015	0.015	0.015	0.015	0.015
9	0.015	0.015	0.015	0.015	0.015	0.015	0.015
10	0.015	0.015	0.015	0.015	0.015	0.016	0.016
11	0.016	0.016	0.016	0.016	0.016	0.016	0.016
12	0.016	0.016	0.016	0.016	0.016	0.016	0.016
13	0.017	OFF	0.017	0.016	0.016	0.016	0.017
14	0.016	0.016	0.016	0.013	0.013	0.013	0.016
15	0.014	OFF	0.014	0.014	0.014	0.014	0.014
16	OFF	0.014	0.014	0.014	0.014	OFF	0.014
17	OFF	0.014	0.014	0.014	0.013	0.013	0.014
18	0.014	OFF	0.014	0.013	OFF	0.013	0.014
19	OFF	0.014	0.014	0.014	0.014	0.014	0.014
20	0.014	OFF	0.014	0.014	0.014	0.014	0.014
21	0.014	OFF	0.014	0.014	0.014	0.014	0.014
22	0.015	OFF	0.014	0.014	0.014	OFF	0.015
23	OFF	0.015	0.013	0.013	0.014	0.014	0.015
24	OFF	OFF	0.014	0.013	0.014	OFF	0.014
25	OFF	0.014	0.014	0.014	0.014	0.014	0.014
26	0.014	OFF	0.014	0.014	0.014	0.014	0.014
27	0.014	OFF	0.014	0.014	0.014	0.014	0.014
28	0.015	OFF	0.015	0.014	0.014	0.014	0.015
29	0.014	0.016	0.014	0.014	0.014	0.014	0.016
30	0.014	0.015	0.014	0.014	0.014	0.014	0.015
31	0.015	0.014	0.014	0.014	0.014	0.014	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="checkbox"/> Yes / No	CT's met everyday?	All CL2 residual at entry point ≥ 0.2 mg/l ?
All daily turbidity readings ≤ 5 NTU	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
Notes:	Printed Name: Keith Ramsay		
	Signature: <i>Keith J Ramsay</i>	Date: 09/09/24	
	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	0.927	110	102.0	22.7	7.98	11.6	YES	1,279	
2	0.890	44	39.2	23.2	8.20	12.2	YES	3,201	
3	1.140	55	62.7	23.3	7.77	10.5	YES	2,544	
4	0.778	55	42.8	24.8	8.52	12.1	YES	2,557	
5	0.789	55	43.4	24.0	7.87	10.0	YES	2,443	
6	0.918	55	50.5	22.4	7.89	11.4	YES	2,636	
7	0.931	55	51.2	23.4	8.31	12.5	YES	2,546	
8	0.954	55	52.5	22.8	7.75	10.6	YES	2,565	
9	0.930	55	51.2	22.9	7.74	10.4	YES	2,535	
10	0.930	73	67.9	22.1	8.00	12.2	YES	1,895	
11	1.040	55	57.2	24.0	8.25	11.9	YES	2,566	
12	1.030	55	56.7	21.8	7.76	11.5	YES	2,585	
13	0.990	55	54.5	20.6	7.88	13.0	YES	2,616	
14	1.035	55	56.9	20.6	7.91	13.2	YES	2,584	
15	0.898	55	49.4	21.3	7.64	11.2	YES	2,555	
16	0.953	73	69.6	22.4	8.01	12.0	YES	2,007	
17	0.972	55	53.5	20.9	7.67	11.7	YES	2,562	
18	1.018	44	44.8	19.5	7.51	12.2	YES	3,147	
19	1.126	55	61.9	20.3	7.87	13.4	YES	2,526	
20	1.028	44	45.2	20.0	8.19	15.2	YES	3,172	
21	1.025	55	56.4	20.1	8.15	14.9	YES	2,463	
22	0.981	55	54.0	20.6	8.19	14.6	YES	2,613	
23	0.998	55	54.9	18.8	7.57	13.0	YES	2,534	
24	0.949	55	52.2	17.9	7.55	13.7	YES	2,486	
25	1.076	73	78.5	19.2	7.67	13.3	YES	1,816	
26	1.018	55	56.0	19.7	7.71	13.0	YES	2,561	
27	1.047	55	57.6	20.0	7.84	13.4	YES	2,436	
28	0.976	55	53.7	19.7	7.75	13.1	YES	2,547	
29	1.008	64	64.5	19.9	7.72	12.8	YES	2,420	
30	1.260	55	69.3	20.9	7.59	11.7	YES	2,578	
31	1.290	73	94.2	20.6	7.74	12.8	YES	1,984	

[†] 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: Aug-24

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.519	9:15	4.845	
2	10:30	4.845	12:00	4.482	12:30	4.845	
3	8:15	4.845	8:45	4.485	9:15	4.845	
4	8:15	4.845	8:45	4.462	9:15	4.845	
5	8:15	4.845	8:45	4.420	9:15	4.845	
6	8:15	4.845	8:45	4.437	9:15	4.845	
7	8:15	4.845	8:45	4.458	9:15	4.845	
8	8:15	4.845	8:45	4.474	9:15	4.845	
9	8:15	4.845	8:45	4.452	9:15	4.845	
10	8:15	4.845	8:45	4.464	9:15	4.845	
11	8:15	4.845	8:45	4.463	9:15	4.845	
12	8:15	4.845	8:45	4.468	9:15	4.845	
13	8:15	4.845	8:45	4.471	9:15	4.845	
14	8:15	4.845	8:45	4.450	9:15	4.845	
15	8:15	4.845	8:45	4.465	9:15	4.845	
16	8:15	4.845	8:45	4.467	9:15	4.845	
17	8:15	4.845	8:45	4.440	9:15	4.845	
18	8:15	4.845	8:45	4.463	9:15	4.845	
19	8:15	4.845	8:45	4.482	9:15	4.845	
20	8:15	4.845	8:45	4.459	9:15	4.845	
21	8:15	4.845	8:45	4.449	9:15	4.845	
22	8:15	4.845	8:45	4.459	9:15	4.845	
23	8:15	4.845	8:45	4.472	9:15	4.845	
24	8:15	4.845	8:45	4.484	9:15	4.845	
25	8:15	4.845	8:45	4.437	7:30	4.845	
26	8:15	4.845	8:45	4.434	7:30	4.845	
27	7:30	4.845	8:45	4.464	9:15	4.845	
28	7:30	4.845	8:45	4.448	9:15	4.845	
29	8:15	4.845	7:30	4.454	9:15	4.845	
30	8:15	4.845	7:00	4.500	9:15	4.845	
31	8:15	4.845	8:45	4.492	9:15	4.845	

NIS = NOT IN SERVICE