

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

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

<b>Slow Sand (Membrane) DE Filtration/ Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU (2)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<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: 10/03/24	
	Phone #: <b>541-672-5559</b>	Cert #: <b>T-08920</b>	

(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 <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	1.260	73	92.0	21.2	7.81	12.6	YES	1,988	
2	1.220	73	89.1	22.4	8.12	12.9	YES	1,979	
3	1.223	73	89.3	19.9	7.71	13.1	YES	1,858	
4	0.859	55	47.2	20.8	7.66	11.6	YES	2,535	
5	0.966	55	53.1	20.5	7.70	12.2	YES	2,549	
6	1.231	73	89.9	20.7	7.78	12.8	YES	1,984	
7	0.922	73	67.3	20.6	7.73	12.2	YES	1,889	
8	0.839	73	61.2	20.0	7.67	12.3	YES	1,982	
9	1.040	55	57.2	20.2	7.90	13.5	YES	2,449	
10	0.925	55	50.9	20.4	7.72	12.3	YES	2,532	
11	1.071	55	58.9	19.3	7.75	13.6	YES	2,438	
12	1.126	55	61.9	18.2	7.62	14.1	YES	2,454	
13	1.080	55	59.4	18.1	7.60	13.9	YES	2,450	
14	1.150	73	84.0	17.6	8.04	17.2	YES	1,858	
15	1.165	73	85.0	18.1	7.72	14.8	YES	1,959	
16	1.045	73	76.3	17.3	7.73	15.4	YES	1,783	
17	1.293	73	94.4	16.9	8.01	18.0	YES	1,851	
18	1.224	73	89.4	16.1	7.79	17.4	YES	1,988	
19	1.064	73	77.7	17.0	7.96	17.2	YES	1,763	
20	0.785	64	50.2	16.4	7.90	16.8	YES	2,092	
21	0.969	73	70.7	17.7	7.94	16.0	YES	1,983	
22	0.940	73	68.6	16.6	7.72	15.9	YES	1,838	
23	1.151	110	126.6	17.1	7.91	16.8	YES	1,370	
24	0.850	91.5	77.8	18.9	7.79	13.8	YES	1,400	
25	1.160	73	84.7	17.7	7.65	14.8	YES	1,830	
26	0.947	73	69.1	16.3	7.58	15.4	YES	1,953	
27	1.000	73	73.0	16.3	7.70	16.2	YES	1,946	
28	0.927	73	67.7	17.8	7.70	14.5	YES	2,033	
29	0.951	110	104.6	17.1	7.68	15.1	YES	1,329	
30	0.942	64	60.3	16.2	7.65	15.9	YES	2,087	
31		0		-17.8					

† 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: [dpw.dmce@odhsoha.oregon.gov](mailto:dpw.dmce@odhsoha.oregon.gov)



**Umpqua Basin Water Association, Inc.**  
**Pressure Decay Tests / Membrane Integrity Tests**

**System ID #: 41-00719**

**Month/Year: Sep-24**

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.480	9:15	4.845	
2	8:15	4.845	8:45	4.464	9:15	4.485	
3	8:15	4.845	8:45	4.453	9:15	4.845	
4	8:15	4.845	8:45	4.488	9:15	4.845	
5	8:15	4.845	8:45	4.450	9:15	4.845	
6	8:15	4.845	8:45	4.461	9:15	4.845	
7	8:15	4.845	8:45	4.464	9:15	4.845	
8	8:15	4.845	8:45	4.443	9:15	4.845	
9	8:15	4.845	8:45	4.456	9:15	4.845	
10	8:15	4.845	8:45	4.454	9:15	4.845	
11	8:15	4.845	8:45	4.430	9:15	4.845	
12	8:15	4.845	8:45	4.470	9:15	4.845	
13	8:15	4.845	8:45	4.457	9:15	4.845	
14	8:15	4.845	8:45	4.450	9:15	4.845	
15	8:15	4.845	8:45	4.458	9:15	4.845	
16	8:15	4.845	8:45	4.459	9:15	4.845	
17	8:15	4.845	8:45	4.460	9:15	4.845	
18	8:15	4.845	8:45	4.461	9:15	4.845	
19	8:15	4.845	8:45	4.447	9:15	4.845	
20	8:15	4.845	8:45	4.457	9:15	4.845	
21	8:15	4.845	8:45	4.452	9:15	4.842	
22	8:15	4.845	8:45	4.449	9:15	4.845	
23	8:15	4.845	8:45	4.473	9:15	4.845	
24	8:15	4.845	8:45	4.475	9:15	4.845	
25	8:15	4.845	8:45	4.458	9:15	4.845	
26	8:15	4.845	8:45	4.449	9:15	4.845	
27	8:15	4.845	8:45	4.450	9:15	4.845	
28	8:15	4.845	8:45	4.413	9:15	4.845	
29	8:15	4.845	8:45	4.424	9:15	4.845	
30	8:15	4.845	8:45	4.421	9:15	4.845	

**NIS = NOT IN SERVICE**