

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

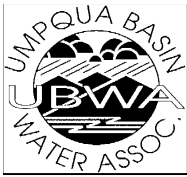
System Name: Umpqua Basin Water Assoc ID #: OR4100719A

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

<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 / 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
<b>Notes:</b>	Printed Name: <b>Keith Ramsay</b>		
	Signature: <i>Keith J Ramsay</i>	Date: 11/03/24	
	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.



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

**System ID #: 41-00719**

**Month/Year: Oct-24**

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.432	9:15	4.845	
2	8:15	4.845	8:45	4.453	9:15	4.845	
3	8:15	4.845	8:45	4.426	9:15	4.845	
4	8:15	4.845	8:45	4.451	9:15	4.845	
5	8:15	4.845	8:45	4.437	9:15	4.845	
6	8:15	4.845	8:45	4.445	9:15	4.845	
7	8:05	4.845	8:45	4.456	9:15	4.845	
8	7:45	4.845	8:45	4.426	9:15	4.845	
9	8:15	4.845	7:45	4.424	8:45	4.845	
10	8:15	4.845	7:45	4.483	8:45	4.845	
11	8:15	4.845	8:45	4.477	7:45	4.845	
12	8:15	4.845	8:45	4.446	7:45	4.845	
13	8:15	4.845	8:45	4.439	9:15	4.845	
14	8:15	4.845	8:45	4.434	9:15	4.845	
15	8:15	4.845	8:45	4.427	9:15	4.845	
16	8:15	4.845	8:45	4.402	9:15	4.845	
17	8:15	4.845	8:45	4.418	9:15	4.845	
18	8:15	4.845	8:45	4.418	9:15	4.845	
19	8:15	4.845	8:45	4.432	9:15	4.845	
20	8:15	4.845	8:45	4.409	9:15	4.845	
21	8:15	4.845	8:45	4.411	9:15	4.845	
22	8:15	4.845	8:45	4.399	9:15	4.845	
23	8:15	4.845	8:45	4.404	9:15	4.845	
24	8:15	4.845	8:45	4.385	9:15	4.845	
25	8:15	4.845	8:45	4.384	9:15	4.845	
26	8:15	4.845	8:45	4.398	9:15	4.845	
27	8:15	4.845	8:45	4.375	9:15	4.845	
28	8:15	4.845	8:45	4.398	9:15	4.845	
29	8:15	4.845	8:45	4.379	9:15	4.845	
30	8:15	4.845	8:45	4.393	9:15	4.845	
31	8:15	4.845	8:45	4.390	9:15	4.845	

**NIS = NOT IN SERVICE**

# 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	0.878	64	56.2	14.8	7.67	17.4	YES	2,114	
2	1.030	55	56.7	15.8	7.65	16.4	YES	2,496	
3	0.991	64	63.4	14.2	7.72	18.7	YES	2,117	
4	0.989	73	72.2	14.1	7.69	18.7	YES	1,761	
5	1.030	64	65.9	13.4	7.69	19.6	YES	2,397	
6	0.959	73	70.0	14.7	7.68	17.8	YES	1,824	
7	0.978	73	71.4	14.0	7.76	19.2	YES	1,982	
8	1.032	73	75.3	14.3	7.76	18.9	YES	1,849	
9	1.013	64	64.8	15.3	7.66	17.0	YES	2,380	
10	0.776	55	42.7	14.9	7.87	18.4	YES	2,463	
11	1.175	55	64.6	14.3	7.72	19.1	YES	2,593	
12	1.044	55	57.4	14.5	7.68	18.1	YES	2,449	
13	1.008	73	73.6	14.8	7.63	17.5	YES	1,875	
14	0.863	55	47.5	14.6	7.60	17.2	YES	2,450	
15	0.851	64	54.5	15.2	7.62	16.6	YES	2,360	
16	0.967	55	53.2	14.4	7.65	18.0	YES	2,531	
17	0.924	73	67.5	13.9	7.74	19.1	YES	1,743	
18	0.970	64	62.1	12.6	7.68	20.5	YES	2,121	
19	0.937	55	51.5	12.2	7.73	21.3	YES	2,538	
20	0.823	64	52.7	12.8	7.77	20.5	YES	2,429	
21	0.833	73	60.8	12.9	7.70	19.9	YES	1,950	
22	0.875	55	48.1	12.1	7.56	20.2	YES	2,493	
23	0.793	55	43.6	11.8	7.49	19.9	YES	2,454	
24	0.856	55	47.1	11.1	7.58	21.6	YES	2,442	
25	1.100	91.5	100.7	10.5	7.65	23.8	YES	1,515	
26	1.180	73	86.1	11.9	7.71	22.2	YES	1,948	
27	1.030	91.5	94.2	11.7	7.73	22.4	YES	1,663	
28	1.090	73	79.6	11.8	7.66	21.8	YES	1,961	
29	0.812	64	52.0	11.2	7.69	22.2	YES	2,128	
30	1.000	73	73.0	10.7	7.61	22.8	YES	1,746	
31	0.840	73	61.3	9.9	7.56	23.2	YES	1,853	

**\* 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: [dlwp.dmce@odhsoha.oregon.gov](mailto:dlwp.dmce@odhsoha.oregon.gov)