

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Dec-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	OFF	OFF	OFF	0.015	0.015	0.016	0.016
2	0.016	OFF	OFF	0.015	0.016	0.016	0.016
3	0.016	OFF	OFF	0.014	0.014	0.014	0.016
4	OFF	OFF	OFF	0.014	0.014	0.014	0.014
5	OFF	OFF	OFF	0.014	0.014	OFF	0.014
6	OFF	OFF	0.014	0.014	0.014	OFF	0.014
7	OFF	OFF	0.014	0.014	0.014	0.014	0.014
8	OFF	OFF	0.014	0.014	0.015	OFF	0.015
9	0.014	0.014	0.015	0.015	OFF	OFF	0.015
10	0.015	0.015	0.015	0.015	OFF	OFF	0.015
11	0.015	OFF	0.015	0.014	0.014	0.014	0.015
12	OFF	0.014	0.014	0.014	OFF	OFF	0.014
13	0.014	0.014	0.014	0.014	0.014	OFF	0.014
14	OFF	0.014	0.014	0.014	0.014	0.014	0.014
15	OFF	OFF	0.014	0.014	OFF	OFF	0.014
16	0.014	0.014	0.014	0.014	0.014	OFF	0.014
17	OFF	OFF	0.015	0.014	OFF	OFF	0.015
18	0.015	0.015	0.015	0.015	0.014	0.014	0.015
19	0.014	OFF	0.014	0.014	0.015	0.014	0.015
20	OFF	OFF	0.014	0.014	0.014	0.015	0.015
21	OFF	OFF	0.014	OFF	0.014	0.014	0.014
22	0.014	0.014	OFF	OFF	0.014	0.014	0.014
23	0.014	OFF	0.015	OFF	0.014	OFF	0.015
24	0.014	OFF	0.015	0.015	0.015	0.015	0.015
25	OFF	OFF	0.015	0.015	0.015	OFF	0.015
26	OFF	OFF	OFF	0.016	0.016	0.016	0.016
27	0.016	OFF	0.016	0.016	0.016	0.016	0.016
28	OFF	OFF	0.016	0.017	OFF	OFF	0.017
29	OFF	OFF	0.016	0.017	0.017	0.017	0.017
30	OFF	OFF	0.016	OFF	0.017	0.017	0.017
31	0.017	OFF	OFF	0.016	0.016	0.017	

Slow Sand / Membrane / DE Filtration/ Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU (2)	<input checked="" type="radio"/> 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="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
Notes:	Printed Name: Keith Ramsay		
	Signature: <i>Keith J Ramsay</i>	01/02/25	
	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	0.917	73	66.9	4.7	7.41	31.5	YES	1,967	
2	0.949	91.5	86.8	4.5	7.58	34.1	YES	1,730	
3	0.884	55	48.6	4.5	7.54	33.3	YES	2,460	
4	1.124	55	61.8	4.6	7.57	34.5	YES	2,472	
5	0.956	64	61.2	4.6	7.65	34.9	YES	2,410	
6	1.003	55	55.2	5.2	7.54	32.3	YES	2,528	
7	1.113	55	61.2	5.5	7.54	32.0	YES	2,482	
8	0.972	73	71.0	5.6	7.63	32.3	YES	1,785	
9	0.943	110	103.7	6.1	7.64	31.1	YES	1,168	
10	0.995	110	109.5	5.6	7.62	32.3	YES	1,338	
11	1.006	91.5	92.0	4.4	7.59	34.6	YES	1,729	
12	0.938	73	68.5	5.2	7.58	32.5	YES	1,749	
13	0.935	91.5	85.6	5.4	7.63	32.7	YES	1,497	
14	1.029	73	75.1	6.2	7.68	31.8	YES	1,850	
15	0.835	64	53.4	7.0	7.52	27.8	YES	2,380	
16	1.069	55	58.8	7.1	7.50	28.2	YES	2,521	
17	1.010	91.5	92.4	8.3	7.48	25.6	YES	1,585	
18	0.918	73	67.0	8.8	7.46	24.3	YES	1,958	
19	1.029	73	75.1	8.4	7.43	25.0	YES	1,961	
20	0.974	110	107.1	8.1	7.45	25.6	YES	1,177	
21	1.010	91.5	92.4	8.3	7.48	25.6	YES	1,587	
22	0.919	73	67.1	8.6	7.44	24.5	YES	1,959	
23	0.927	64	59.3	8.3	7.44	24.9	YES	2,127	
24	0.955	55	52.5	9.0	7.42	23.8	YES	2,524	
25	1.160	73	84.7	8.3	7.32	24.6	YES	1,826	
26	0.812	73	59.3	8.3	7.30	23.4	YES	1,958	
27	0.960	55	52.8	8.7	7.33	23.5	YES	2,526	
28	1.050	73	76.7	9.0	7.29	22.9	YES	1,962	
29	0.607	73	44.3	9.0	7.24	21.4	YES	1,958	
30	1.130	73	82.5	8.0	7.26	24.5	YES	1,853	
31	1.030	64	65.9	7.4	7.34	25.8	YES	2,375	

† 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: Dec-24

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.385	9:15	4.845	
2	8:15	NIS	8:45	4.378	9:15	4.845	
3	8:15	NIS	8:45	4.382	9:15	4.845	
4	10:00	4.845	8:45	4.375	9:15	4.845	
5	8:15	4.845	8:45	4.396	9:15	4.845	
6	8:15	4.845	8:45	4.378	9:15	4.845	
7	8:15	4.845	8:45	4.368	9:15	4.845	
8	8:15	4.845	8:45	4.360	9:15	4.845	
9	8:15	4.845	8:45	4.356	9:15	4.845	
10	8:15	4.845	8:45	4.362	9:15	4.845	
11	8:15	4.845	8:45	4.376	9:15	4.845	
12	8:15	4.845	8:45	4.370	9:15	4.845	
13	8:15	4.845	8:45	4.370	9:15	4.845	
14	8:15	4.845	8:45	4.365	9:15	4.845	
15	8:15	4.845	8:45	4.340	9:15	4.845	
16	8:15	4.845	8:45	4.340	9:15	4.845	
17	8:15	4.845	8:45	4.336	9:15	4.845	
18	8:15	4.845	8:45	4.323	9:15	4.845	
19	8:15	4.845	8:45	4.341	9:15	4.845	
20	8:15	4.845	8:45	4.327	9:15	4.845	
21	8:15	4.845	8:45	4.334	9:15	4.845	
22	8:15	4.845	8:45	4.342	9:15	4.811	
23	8:15	4.845	8:45	4.320	9:15	4.766	
24	8:15	4.845	8:45	4.335	9:15	4.800	
25	8:15	4.845	8:45	4.330	9:15	4.790	
26	8:15	4.845	8:45	4.317	9:15	4.777	
27	8:15	4.845	8:45	4.317	9:15	4.740	
28	8:15	4.845	8:45	4.308	9:15	4.697	
29	8:15	4.845	8:45	4.291	9:15	4.701	
30	8:15	4.845	8:45	4.299	9:15	4.689	
31	8:15	4.845	8:45	4.319	9:15	4.670	

NIS = NOT IN SERVICE