

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Jan-25

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	0.014	0.015	0.014	0.015
2	OFF	OFF	OFF	0.014	0.014	OFF	0.014
3	OFF	OFF	OFF	0.014	0.015	OFF	0.015
4	OFF	OFF	OFF	0.015	0.015	0.015	0.015
5	OFF	OFF	0.015	0.015	0.015	OFF	0.015
6	OFF	OFF	0.015	0.015	0.015	0.015	0.015
7	0.015	OFF	0.015	0.016	0.015	OFF	0.016
8	OFF	OFF	0.016	0.014	0.014	OFF	0.016
9	OFF	OFF	OFF	0.014	0.014	OFF	0.014
10	OFF	OFF	OFF	0.014	0.014	OFF	0.014
11	OFF	OFF	OFF	0.014	0.014	OFF	0.014
12	OFF	OFF	OFF	0.015	0.015	OFF	0.015
13	OFF	OFF	OFF	0.015	0.015	OFF	0.015
14	OFF	OFF	OFF	0.015	0.015	OFF	0.015
15	OFF	OFF	OFF	0.015	0.016	OFF	0.016
16	OFF	OFF	0.016	0.014	0.014	OFF	0.016
17	OFF	OFF	0.014	0.014	0.014	OFF	0.014
18	OFF	OFF	0.014	0.014	0.014	OFF	0.014
19	OFF	OFF	0.014	0.014	0.014	OFF	0.014
20	OFF	OFF	0.014	0.014	OFF	OFF	0.014
21	OFF	OFF	OFF	0.014	0.014	0.015	0.015
22	0.014	0.015	0.015	0.015	0.015	0.015	0.015
23	OFF	OFF	0.016	OFF	0.015	0.015	0.016
24	OFF	OFF	OFF	0.015	0.015	OFF	0.015
25	OFF	OFF	0.015	0.015	OFF	OFF	0.015
26	OFF	OFF	0.015	0.015	0.015	OFF	0.015
27	OFF	OFF	0.015	0.015	0.015	OFF	0.015
28	OFF	OFF	0.015	0.015	0.015	OFF	0.015
29	OFF	0.015	0.015	0.015	OFF	OFF	0.015
30	OFF	OFF	0.015	0.015	0.015	0.015	0.015
31	OFF	OFF	OFF	0.015	0.015	0.015	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: 02/03/25	
	Phone #: 541-672-5559	Cert #: T-08919	

(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**

M / Y Jan-25

0.5

← Log Inactivation
Required via
Disinfection

Day	Time	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	13:54	1.480	73	108.0	7.1	7.40	28.5	YES	1,958	
2	11:24	1.400	55	77.0	7.4	7.41	27.7	YES	2,491	
3	8:56	1.260	91.5	115.3	8.0	7.49	27.0	YES	1,709	
4	16:05	1.090	73	79.6	8.4	7.36	24.6	YES	1,964	
5	13:03	1.160	73	84.7	8.5	7.36	24.6	YES	1,954	
6	13:54	1.110	73	81.0	9.3	7.33	22.9	YES	1,959	
7	12:21	1.090	73	79.6	8.6	7.36	24.2	YES	1,744	
8	11:23	0.900	64	57.6	7.5	7.35	25.4	YES	2,384	
9	13:24	1.120	55	61.6	7.3	7.44	27.4	YES	2,502	
10	16:02	1.290	55	71.0	5.2	7.47	32.6	YES	2,479	
11	10:48	1.110	73	81.0	7.0	7.58	29.3	YES	1,965	
12	13:33	1.040	73	75.9	6.8	7.45	28.1	YES	1,945	
13	14:58	0.929	73	67.8	6.5	7.49	28.7	YES	1,946	
14	15:51	1.031	64	66.0	5.6	7.48	30.8	YES	2,319	
15	12:55	1.095	64	70.1	5.2	7.56	32.9	YES	2,384	
16	14:00	1.069	73	78.0	5.3	7.49	31.7	YES	1,954	
17	8:54	1.210	73	88.3	5.3	7.58	33.2	YES	1,965	
18	8:13	1.175	73	85.8	5.5	7.59	32.8	YES	1,810	
19	10:30	1.023	73	74.7	4.7	7.54	33.4	YES	1,971	
20	9:30	1.090	73	79.6	4.0	7.57	35.7	YES	1,960	
21	11:38	1.015	73	74.1	3.5	7.55	36.4	YES	1,966	
22	13:27	1.138	73	83.1	3.3	7.59	38.1	YES	1,964	
23	14:10	1.120	73	81.8	3.3	7.62	38.4	YES	1,964	
24	11:40	1.089	73	79.5	3.4	7.59	37.5	YES	1,959	
25	10:58	1.093	73	79.8	3.3	7.61	38.1	YES	1,955	
26	11:17	0.942	73	68.8	2.8	7.58	38.3	YES	1,962	
27	11:00	0.940	55	51.7	2.2	7.60	40.3	YES	2,486	
28	5:42	1.024	73	74.8	2.4	7.70	41.5	YES	1,736	
29	9:40	1.068	73	78.0	2.0	7.63	41.8	YES	1,852	
30	16:17	1.017	64	65.1	3.1	7.59	37.9	YES	2,284	
31	13:13	1.300	55	71.5	39.9	7.60	3.2	YES	2,475	

*** 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: Jan-25

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.264	9:15	4.650	
2	8:15	4.845	8:45	4.282	9:15	4.646	
3	8:15	4.845	8:45	4.288	9:15	4.638	
4	8:15	4.845	8:45	4.298	9:15	4.585	
5	8:15	4.845	8:45	4.299	9:15	4.587	
6	8:15	4.845	8:45	4.291	9:15	4.586	
7	8:15	4.845	8:45	4.286	9:15	4.582	
8	8:15	4.845	8:45	4.308	9:15	4.555	
9	8:15	4.845	8:45	4.290	9:15	4.572	
10	8:15	4.845	8:45	4.295	7:45	4.554	
11	8:15	4.845	8:45	4.281	7:30	4.561	
12	7:30	4.845	8:45	4.280	8:15	4.661	
13	7:30	4.845	8:45	4.273	8:15	4.631	
14	8:15	4.845	7:45	4.265	8:45	4.641	
15	8:15	4.845	7:45	4.265	8:45	4.590	
16	8:15	4.845	8:45	4.345	9:15	4.608	
17	8:15	4.845	8:45	4.343	9:15	4.608	
18	8:15	4.845	8:45	4.338	9:15	4.605	
19	8:15	4.845	8:45	4.344	9:15	4.586	
20	8:15	4.845	8:45	4.342	9:15	4.601	
21	8:15	4.845	8:45	4.336	9:15	4.597	
22	8:15	4.845	8:45	4.333	9:15	4.598	
23	8:15	4.845	8:45	4.346	9:15	4.608	
24	8:15	4.845	8:45	4.339	9:15	4.602	
25	8:15	4.845	8:45	4.335	9:15	4.589	
26	8:15	4.845	8:45	4.321	9:15	4.586	
27	8:15	4.845	8:45	4.330	9:15	4.581	
28	8:15	4.845	8:45	4.314	9:15	4.575	
29	8:15	4.845	8:45	4.320	9:15	4.572	
30	8:15	4.845	8:45	4.305	9:15	4.536	
31	8:15	4.807	9:00	4.315	9:15	4.564	

NIS = NOT IN SERVICE