

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A

Month/Year: Feb-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	0.015	OFF	OFF	0.015
2	OFF	OFF	0.015	0.016	0.016	OFF	0.016
3	OFF	OFF	OFF	0.016	0.016	0.016	0.016
4	OFF	OFF	OFF	0.016	0.014	OFF	0.016
5	OFF	OFF	OFF	0.014	0.014	OFF	0.014
6	OFF	OFF	OFF	0.014	0.014	0.014	0.014
7	0.014	OFF	0.014	0.014	OFF	OFF	0.014
8	OFF	OFF	0.014	0.014	0.014	0.014	0.014
9	OFF	OFF	0.014	0.014	0.014	OFF	0.014
10	OFF	OFF	OFF	0.014	0.014	0.014	0.014
11	0.014	OFF	0.014	0.014	OFF	OFF	0.014
12	OFF	OFF	0.014	0.014	0.015	0.014	0.015
13	0.014	OFF	0.015	0.014	0.014	0.014	0.015
14	0.014	OFF	OFF	0.014	0.014	0.014	0.014
15	0.014	OFF	0.014	OFF	0.014	0.014	0.014
16	0.014	OFF	0.014	0.014	0.014	OFF	0.014
17	OFF	OFF	0.014	0.014	0.014	0.014	0.014
18	OFF	OFF	0.014	0.014	0.014	OFF	0.014
19	OFF	OFF	OFF	0.014	0.014	0.014	0.014
20	OFF	OFF	0.014	0.014	0.014	OFF	0.014
21	OFF	OFF	0.014	0.014	0.014	0.014	0.014
22	OFF	OFF	0.014	0.014	0.014	0.014	0.014
23	OFF	OFF	OFF	0.014	0.014	0.015	0.015
24	0.014	OFF	OFF	0.016	0.016	OFF	0.016
25	OFF	OFF	0.016	0.015	0.015	OFF	0.016
26	OFF	OFF	0.014	0.014	0.015	0.015	0.015
27	0.015	OFF	OFF	0.014	0.015	0.014	0.015
28	OFF	OFF	OFF	0.015	0.014	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="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>	3/3/25	
	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 Feb-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	12:36	1.230	91.5	112.5	5.2	7.68	34.9	YES	1,701	
2	13:09	1.240	55	68.2	6.5	7.55	30.4	YES	2,477	
3	11:33	1.770	49.5	87.6	5.8	7.56	34.0	YES	3,082	
4	11:09	1.320	73	96.4	5.2	7.59	34.1	YES	1,850	
5	9:56	0.975	73	71.2	4.3	7.57	34.6	YES	1,844	
6	9:55	0.986	64	63.1	4.6	7.66	35.0	YES	2,328	
7	9:27	1.130	73	82.5	4.9	7.67	35.0	YES	1,956	
8	12:24	1.039	110	114.3	5.2	7.58	32.9	YES	1,164	
9	13:45	1.051	73	76.7	5.6	7.64	32.7	YES	1,971	
10	10:25	1.033	55	56.8	4.7	7.74	35.9	YES	2,572	
11	9:52	1.015	55	55.8	3.8	7.56	35.7	YES	2,490	
12	16:05	1.005	91.5	92.0	4.0	7.62	36.0	YES	1,696	
13	16:26	0.940	73	68.6	4.0	7.64	36.0	YES	1,959	
14	16:00	1.040	55	57.2	5.1	7.64	33.9	YES	2,487	
15	17:30	0.980	73	71.5	5.9	7.61	31.3	YES	1,957	
16	11:00	0.870	73	63.5	6.2	7.52	29.4	YES	1,951	
17	15:13	1.055	73	77.0	7.4	7.53	27.7	YES	1,874	
18	12:49	0.955	55	52.5	7.4	7.37	25.9	YES	2,518	
19	10:46	1.080	55	59.4	7.6	7.44	26.6	YES	2,499	
20	10:19	1.068	73	78.0	7.7	7.56	27.7	YES	1,749	
21	12:36	1.196	55	65.8	7.6	7.43	27.0	YES	2,473	
22	10:35	1.049	73	76.6	7.6	7.57	27.9	YES	1,964	
23	17:33	1.140	73	83.2	9.1	7.53	25.0	YES	1,977	
24	13:17	1.041	73	76.0	8.7	7.31	23.6	YES	1,948	
25	9:25	1.104	64	70.7	8.2	7.28	24.2	YES	2,355	
26	11:45	0.995	91.5	91.0	7.7	7.37	25.5	YES	1,631	
27	10:30	0.822	64	52.6	7.5	7.47	26.3	YES	2,280	
28	9:37	1.120	91.5	102.5	8.4	7.57	26.6	YES	1,713	

* 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: dpw.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: Feb-25

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.845	8:45	4.323	9:15	4.549	
2	8:15	4.845	8:45	4.328	9:15	4.560	
3	9:30	4.845	8:45	4.288	9:15	4.521	
4	9:00	4.845	14:00	4.349	9:15	4.505	
5	8:15	4.845	8:45	4.316	9:15	4.518	
6	8:15	4.845	8:45	4.329	9:15	4.510	
7	8:15	4.845	8:45	4.315	9:15	4.509	
8	8:15	4.845	8:45	4.304	9:15	4.506	
9	8:15	4.845	8:45	4.283	9:15	4.499	
10	8:15	4.845	8:45	4.308	9:15	4.517	
11	8:15	4.845	8:45	4.326	9:15	4.495	
12	7:45	4.845	8:15	4.314	8:45	4.500	
13	7:45	4.845	8:15	4.306	8:45	4.475	
14	8:15	4.845	7:45	4.285	9:15	4.448	
15	8:15	4.845	7:45	4.311	9:15	4.427	
16	8:15	4.845	8:45	4.343	9:15	4.454	
17	8:15	4.845	8:45	4.332	9:15	4.432	
18	8:15	4.845	8:45	4.327	7:45	4.417	
19	8:15	4.845	8:45	4.301	7:45	4.408	
20	8:15	4.845	8:45	4.283	7:45	4.420	
21	8:15	4.845	8:45	4.299	9:15	4.453	
22	8:15	4.845	8:45	4.299	9:15	4.435	
23	8:15	4.845	8:45	4.294	9:15	4.421	
24	8:15	4.845	8:45	4.307	9:15	4.415	
25	8:15	4.845	8:45	4.246	9:15	4.382	
26	8:15	4.845	8:45	4.245	9:15	4.388	
27	8:15	4.845	8:45	4.244	9:15	4.399	
28	8:15	4.845	8:45	4.267	9:15	4.363	
29							
30							
31							

NIS = NOT IN SERVICE