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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Mar-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	0.014	0.015	0.015	0.015	0.015
3	OFF	OFF	0.015	0.015	0.015	0.015	0.015
4	0.015	OFF	OFF	0.015	0.015	0.015	0.015
5	OFF	OFF	0.015	0.015	OFF	OFF	0.015
6	OFF	0.015	0.015	0.016	0.016	OFF	0.016
7	OFF	OFF	OFF	0.016	0.016	0.016	0.016
8	OFF	OFF	0.016	0.016	0.016	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	0.014	0.014	0.014	0.014	0.014	0.014
13	OFF	OFF	0.015	0.015	0.014	OFF	0.015
14	OFF	OFF	0.015	0.015	0.015	OFF	0.015
15	OFF	OFF	OFF	0.015	0.016	OFF	0.016
16	OFF	OFF	OFF	0.016	OFF	OFF	0.016
17	OFF	0.015	0.019	0.019	0.019	OFF	0.019
18	OFF	OFF	OFF	0.016	0.016	0.016	0.016
19	OFF	OFF	OFF	0.015	0.016	OFF	0.016
20	OFF	OFF	OFF	0.016	0.016	OFF	0.016
21	OFF	0.016	0.016	0.016	0.018	OFF	0.018
22	OFF	OFF	OFF	0.017	OFF	0.016	0.017
23	OFF	OFF	OFF	0.017	0.018	0.017	0.018
24	OFF	OFF	OFF	0.017	0.017	OFF	0.017
25	OFF	OFF	OFF	0.017	0.017	0.017	0.017
26	0.017	OFF	OFF	0.017	0.018	0.018	0.018
27	OFF	OFF	0.018	0.014	0.014	OFF	0.018
28	OFF	OFF	0.015	0.014	0.015	0.014	0.015
29	OFF	OFF	0.014	0.014	0.015	0.015	0.015
30	OFF	OFF	0.014	0.014	0.014	OFF	0.014
31	OFF	OFF	0.014	0.015	0.015	0.015	0.015

Slow Sand / Membrane / DE Filtration/ Unfiltered

95% of daily turbidity reatings ≤ 1 NTU (2) (Yes) / No

All daily turbidity readings ≤ 5 NTU (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? **(Yes) / No**

All CL2 residual at entry point ≥ 0.2 mg/l ? **(Yes) / No**

Notes:

Printed Name: **Keith Ramsay**

Signature: Keith T Ramsay Date: 04-04-25

Phone #: **541-672-5559** Cert #: **T-08919**

(1) Including continous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" through "8PM" may not correspond to continous 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	Mar-25

0.5

Log Inactivation Required via Disinfection

Day	Time	Minimum Cl_2 Residual at 1st 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	9:16	1.150	73	84.0	8.5	7.56	26.4	YES	1,834	
2	10:26	1.030	73	75.2	8.5	7.50	25.5	YES	1,969	
3	16:43	1.100	73	80.3	9.5	7.66	25.4	YES	1,961	
4	13:11	1.190	73	86.9	8.8	7.60	26.3	YES	1,952	
5	11:44	1.180	73	86.1	8.3	7.62	27.5	YES	1,817	
6	13:29	0.989	64	63.3	8.5	7.52	25.5	YES	2,283	
7	15:43	1.170	64	74.9	9.1	7.57	25.6	YES	2,399	
8	14:03	1.140	73	83.2	8.1	7.54	26.9	YES	1,940	
9	8:34	1.130	73	82.5	8.1	7.66	28.0	YES	1,851	
10	13:44	1.060	55	58.3	8.1	7.56	26.8	YES	2,519	
11	12:46	1.040	64	66.6	8.6	7.61	26.4	YES	2,301	
12	15:52	0.997	64	63.8	8.1	7.57	26.7	YES	2,418	
13	12:14	0.989	55	54.4	7.7	7.60	27.8	YES	2,506	
14	17:15	0.896	110	98.6	7.1	7.46	27.1	YES	1,383	
15	12:41	1.049	64	67.1	7.1	7.51	28.2	YES	2,424	
16	9:37	0.899	91.5	82.3	7.5	7.45	26.4	YES	1,606	
17	6:38	0.924	64	59.1	7.1	7.40	26.7	YES	2,314	
18	10:16	0.975	55	53.6	7.8	7.31	24.8	YES	2,479	
19	10:51	1.050	91.5	96.1	7.8	7.43	26.1	YES	1,639	
20	10:41	0.919	64	58.8	7.4	7.45	26.6	YES	2,359	
21	15:00	1.051	64	67.3	8.0	7.47	26.0	YES	2,408	
22	11:08	1.035	91.5	94.7	8.2	7.49	25.9	YES	1,600	
23	9:25	0.942	55	51.8	8.5	7.50	25.2	YES	2,533	
24	15:54	1.047	64	67.0	9.9	7.41	22.5	YES	2,407	
25	15:15	1.033	91.5	94.5	10.3	7.42	22.0	YES	1,658	
26	11:49	0.990	73	72.3	10.1	7.36	21.8	YES	1,949	
27	12:36	1.116	73	81.5	9.7	7.48	23.6	YES	1,830	
28	16:25	1.047	73	76.4	9.5	7.45	23.4	YES	1,980	
29	19:34	1.094	73	79.9	9.0	7.31	23.2	YES	1,938	
30	10:04	1.044	73	76.2	8.2	7.52	26.3	YES	1,954	
31	11:26	0.985	91.5	90.1	8.1	7.51	26.2	YES	1,661	

♦ **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: Mar-25**

	Log Removal Value						Notes
Day	**Time**	**ZW 1**	**Time**	**ZW 2**	**Time**	**ZW 3**	
1	8:15	4.845	8:45	4.277	9:15	4.381	
2	8:15	4.845	8:45	4.259	9:15	4.382	
3	8:15	4.845	8:45	4.271	9:15	4.380	
4	8:15	4.845	8:45	4.279	9:15	4.369	
5	8:15	4.845	8:45	4.275	9:15	4.357	
6	8:15	4.845	8:45	4.291	9:15	4.350	
7	8:15	4.845	8:45	4.294	9:15	4.348	
8	8:15	4.845	8:45	4.286	9:15	4.350	
9	9:15	4.845	9:45	4.306	10:15	4.364	
10	8:15	4.845	8:45	4.309	9:15	4.360	
11	8:15	4.845	8:45	4.277	9:15	4.339	
12	8:15	4.845	8:45	4.292	9:15	4.348	
13	8:15	4.845	8:45	4.281	9:15	4.340	
14	8:15	4.845	8:45	4.270	9:15	4.343	
15	8:15	4.845	8:45	4.260	9:15	4.333	
16	8:15	4.845	8:45	4.267	9:15	4.308	
17	8:15	4.845	8:45	4.259	9:15	4.326	
18	8:15	4.845	8:45	4.232	9:15	4.327	
19	8:15	4.845	8:45	4.217	9:15	4.307	
20	8:15	4.845	8:45	4.238	9:15	4.316	
21	8:15	4.845	8:45	4.211	9:15	4.320	
22	8:15	4.845	8:45	4.232	9:15	4.314	
23	8:15	4.845	8:45	4.221	9:15	4.324	
24	8:15	4.845	7:45	4.223	8:45	4.314	
25	8:15	4.845	8:00	4.247	8:45	4.303	
26	8:15	4.845	14:00	4.237	7:45	4.299	
27	8:15	4.845	8:45	4.268	7:45	4.305	
28	7:45	4.845	8:15	4.280	8:15	4.349	
29	7:45	4.845	8:45	4.271	8:15	4.317	
30	8:15	4.845	8:45	4.332	9:15	4.322	
31	8:15	4.845	10:00	4.284	9:15	4.321	

NIS = NOT IN SERVICE