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

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

Slow Sand / Membrane / DE Filtration/ Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity reatings ≤ 1 NTU (2)	Yes / No	CT's met everyday?	All CL2 residual at entry point ≥ 0.2 mg/l ?
All daily turbidity readings ≤ 5 NTU	Yes / No	**Yes** / No	**Yes** / No

Notes:

Printed Name: **Keith Ramsay**

Signature: Keith T Ramsay Date: 6/2/25

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	Jun-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	15:10	0.980	55	53.9	13.6	7.54	18.3	YES	2,469	
2	10:34	1.125	73	82.1	13.7	7.60	18.8	YES	1,839	
3	15:50	0.923	91.5	84.5	13.3	7.58	18.8	YES	1,425	
4	15:30	0.930	91.5	85.1	13.2	7.58	18.9	YES	1,429	
5	17:30	0.883	73	64.5	13.8	7.56	17.9	YES	1,840	
6	15:10	1.034	73	75.5	14.2	7.52	17.5	YES	1,985	
7	15:06	1.120	91.5	102.5	14.9	7.53	16.9	YES	1,695	
8	14:07	1.180	64	75.5	15.2	7.54	16.7	YES	2,384	
9	16:30	0.979	73	71.5	16.2	7.54	15.4	YES	1,968	
10	15:22	0.935	73	68.3	16.1	7.49	15.1	YES	1,973	
11	15:53	1.080	55	59.4	14.7	7.59	17.5	YES	2,512	
12	14:36	0.993	110	109.2	13.7	7.58	18.4	YES	1,237	
13	10:01	0.972	64	62.2	12.4	7.54	19.8	YES	2,355	
14	12:34	0.945	64	60.5	12.1	7.61	20.7	YES	2,385	
15	15:05	0.927	91.5	84.8	12.9	7.62	19.5	YES	1,718	
16	15:34	0.940	55	51.7	13.7	7.58	18.3	YES	2,507	
17	21:10	1.126	73	82.2	14.5	7.66	18.3	YES	1,941	
18	16:20	1.056	110	116.2	14.0	7.62		YES	1,303	
19	13:44	1.064	55	58.5	13.9	7.58	18.3	YES	2,520	
20	15:03	0.994	55	54.7	13.7	7.62	18.7	YES	2,448	
21	11:45	1.010	55	55.6	13.0	7.64	19.7	YES	2,466	
22	9:54	1.020	73	74.5	14.2	7.68	18.5	YES	1,845	
23	23:10	1.017	55	55.9	14.9	7.69	17.8	YES	2,434	
24	11:14	1.018	73	74.3	14.8	7.69	17.8	YES	1,954	
25	9:25	1.070	73	78.1	16.2	7.55	15.5	YES	1,951	
26	7:22	1.019	55	56.0	15.4	7.65	16.9	YES	2,547	
27	11:05	1.070	64	68.5	16.2	7.54	15.5	YES	2,370	
28	14:41	0.936	55	51.5	18.1	7.48	13.1	YES	2,447	
29	17:50	0.947	110	104.2	18.4	7.57	13.3	YES	1,258	
30	12:45	0.912	55	50.2	17.7	7.48	13.4	YES	2,433	
31	10:38	0.917	55	50.4	17.3	7.64	14.7	YES	2,486	

♦ **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: May-25**

	Log Removal Value						Notes
Day	**Time**	**ZW 1**	**Time**	**ZW 2**	**Time**	**ZW 3**	
1	8:15	4.845	8:45	4.204	9:15	4.157	
2	8:15	4.838	8:45	4.198	9:15	4.138	
3	8:15	4.845	8:45	4.201	9:15	4.156	
4	8:15	4.845	8:45	4.198	9:15	4.145	
5	8:15	4.845	8:45	4.179	9:15	4.111	
6	8:15	4.841	8:45	4.183	9:15	4.116	
7	8:15	4.845	8:45	4.172	7:45	4.105	
8	8:15	4.845	8:45	4.141	7:45	4.133	
9	7:45	4.824	8:45	4.167	9:15	4.140	
10	7:15	4.845	8:45	4.129	8:15	4.128	
11	8:15	4.845	7:15	4.160	9:15	4.127	
12	8:15	4.845	6:45	4.219	9:15	4.099	
13	8:15	4.845	8:45	4.241	9:15	4.117	
14	8:15	4.845	8:45	4.232	9:15	4.116	
15	8:15	4.845	8:45	4.237	9:15	4.103	
16	8:15	4.845	8:45	4.226	9:15	4.104	
17	8:15	4.845	8:45	4.220	9:15	4.096	
18	8:15	4.845	8:45	4.219	9:15	4.107	
19	8:15	4.845	8:45	4.203	9:15	4.091	
20	8:15	4.845	8:45	4.147	9:15	4.090	
21	8:15	4.845	8:45	4.155	9:15	4.095	
22	8:15	4.845	8:45	4.148	9:15	4.084	
23	8:15	4.845	8:45	4.165	9:15	4.083	
24	8:15	4.845	8:45	4.150	9:15	4.074	
25	8:15	4.845	8:45	4.144	9:15	4.064	
26	8:15	4.845	8:45	4.127	9:15	4.048	
27	8:15	4.845	8:45	4.115	9:15	4.063	
28	8:15	4.835	8:45	4.122	9:15	4.027	
29	8:15	4.839	8:45	4.108	9:15	4.055	
30	8:15	4.845	8:45	4.129	9:15	4.042	
31	8:15	4.844	8:45	4.107	9:15	4.051	

NIS = NOT IN SERVICE