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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Aug-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	0.015	0.016	0.015	0.015	0.015	0.015	0.016
2	0.015	0.015	0.015	0.015	0.015	0.015	0.015
3	0.015	0.015	0.015	0.015	0.015	0.015	0.015
4	0.015	OFF	0.015	0.015	0.015	0.015	0.015
5	0.015	0.015	0.015	0.016	0.016	0.016	0.016
6	0.016	0.016	0.016	0.016	0.016	0.016	0.016
7	0.016	0.016	0.016	0.016	0.015	OFF	0.016
8	0.015	OFF	0.016	0.015	0.015	0.015	0.016
9	0.015	0.015	0.015	0.015	0.015	0.015	0.015
10	0.015	0.015	0.015	0.015	0.015	0.016	0.016
11	0.016	0.016	0.016	0.016	0.016	0.016	0.016
12	0.016	0.016	0.016	0.016	0.016	0.017	0.017
13	0.017	0.017	0.017	0.017	OFF	0.017	0.017
14	0.017	0.017	0.017	0.017	0.016	0.016	0.017
15	OFF	OFF	0.017	0.017	0.017	0.017	0.017
16	0.017	0.017	0.017	0.017	0.017	0.017	0.017
17	0.017	OFF	0.017	0.017	0.017	0.017	0.017
18	0.017	0.017	0.017	0.017	0.017	0.018	0.018
19	0.018	0.018	0.018	0.016	0.016	0.016	0.018
20	0.016	0.016	OFF	0.016	0.016	0.016	0.016
21	0.016	0.016	0.016	0.016	0.016	0.016	0.016
22	0.016	0.016	0.016	0.015	0.016	0.016	0.016
23	0.016	0.017	0.016	0.015	0.015	0.016	0.017
24	0.016	0.016	0.016	0.016	0.015	0.016	0.016
25	0.016	0.015	OFF	0.015	0.015	0.015	0.016
26	0.015	0.015	0.015	0.015	0.015	0.015	0.015
27	0.015	0.016	OFF	0.015	0.015	0.015	0.016
28	0.015	0.015	0.015	0.015	0.016	OFF	0.016
29	0.015	0.015	0.015	0.015	0.015	0.016	0.016
30	0.016	OFF	0.017	0.016	0.016	0.016	0.017
31	0.017	0.016	0.017	0.017	0.017	0.017	0.017

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 J Ramsay 9/2/2025

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	Aug	2025

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	15:00	0.758	73	55.3	24.2	7.77	9.5	YES	1,960	
2	16:00	0.742	73	54.2	24.5	7.81	9.4	YES	1,965	
3	13:36	0.864	73	63.1	22.9	7.64	10.0	YES	1,968	
4	10:43	1.007	64	64.4	21.7	7.69	11.2	YES	2,423	
5	9:53	0.844	55	46.4	21.5	7.69	11.2	YES	2,570	
6	11:59	0.765	55	42.1	21.9	7.66	10.7	YES	2,570	
7	9:50	1.179	55	64.8	22.0	7.68	11.2	YES	2,531	
8	9:52	1.093	55	60.1	21.6	7.98	12.8	YES	2,573	
9	19:33	1.138	73	83.1	23.5	7.99	11.3	YES	1,955	
10	16:33	0.911	73	66.5	23.8	7.72	9.7	YES	1,959	
11	12:23	0.916	55	50.4	23.2	7.54	9.5	YES	2,455	
12	17:06	0.804	55	44.2	25.4	7.79	8.9	YES	2,515	
13	21:42	1.047	44	46.1	25.3	7.95	9.8	YES	3,131	
14	14:14	0.803	55	44.2	23.9	7.54	8.9	YES	2,473	
15	13:00	0.860	55	47.3	23.1	7.62	9.8	YES	2,554	
16	15:00	0.740	73	54.0	22.6	7.53	9.7	YES	1,951	
17	13:25	0.814	55	44.8	21.4	7.47	10.3	YES	2,533	
18	11:32	0.980	64	62.7	21.3	7.72	11.6	YES	2,424	
19	13:25	0.875	55	48.1	21.5	7.55	10.6	YES	2,560	
20	20:03	0.807	73	58.9	23.4	8.04	11.2	YES	1,863	
21	15:08	0.785	55	43.2	22.6	7.59	10.0	YES	2,532	
22	12:11	0.877	55	48.2	21.8	7.50	10.2	YES	2,511	
23	11:49	1.084	64	69.4	22.6	7.56	10.2	YES	2,429	
24	15:14	0.735	55	40.4	23.9	7.53	8.8	YES	2,549	
25	12:16	0.920	55	50.6	23.1	7.54	9.6	YES	2,472	
26	8:25	1.309	91.5	119.8	23.1	7.79	11.0	YES	1,736	
27	20:30	0.887	44	39.0	24.5	8.18	11.0	YES	3,153	
28	12:02	0.802	64	51.3	22.3	7.58	10.1	YES	2,387	
29	23:41	1.131	91.5	103.5	22.3	8.22	13.4	YES	1,720	
30	21:09	1.147	73	83.7	22.9	8.04	12.0	YES	1,813	
31	13:04	0.814	55	44.8	21.2	7.57	10.9	YES	2,534	

♦ **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: Aug-25**

	Log Removal Value						Notes
Day	**Time**	**ZW 1**	**Time**	**ZW 2**	**Time**	**ZW 3**	
1	7:45	4.714	8:15	4.391	8:45	4.297	
2	7:45	4.792	8:15	4.356	8:45	4.245	
3	7:45	4.767	8:15	4.375	8:45	4.283	
4	7:45	4.762	8:15	4.353	8:45	4.300	
5	7:45	4.765	8:15	4.350	8:45	4.305	
6	7:45	4.769	8:15	4.342	8:45	4.359	
7	7:45	4.845	8:15	4.363	8:45	4.409	
8	7:45	4.845	8:15	4.351	8:45	4.382	
9	7:45	4.845	8:15	4.339	8:45	4.404	
10	7:45	4.845	8:15	4.354	8:45	4.422	
11	7:45	4.845	8:15	4.311	8:45	4.410	
12	7:45	4.845	8:15	4.338	8:45	4.406	
13	7:45	4.845	8:15	4.325	8:45	4.401	
14	7:45	4.845	8:15	4.327	8:45	4.404	
15	7:45	4.845	8:15	4.294	8:45	4.415	
16	7:45	4.845	8:15	4.290	8:45	4.423	
17	7:45	4.845	8:15	4.319	8:45	4.432	
18	7:45	4.845	8:15	4.316	8:45	4.418	
19	7:45	4.845	8:15	4.302	8:45	4.432	
20	7:45	4.845	8:15	4.298	8:45	4.428	
21	7:45	4.845	8:15	4.295	8:45	4.437	
22	7:45	4.845	8:15	4.275	8:45	4.425	
23	7:45	4.845	8:15	4.288	8:45	4.426	
24	7:45	4.845	8:15	4.274	8:45	4.428	
25	7:45	4.845	8:15	4.274	8:45	4.443	
26	7:45	4.845	8:15	4.254	8:45	4.467	
27	7:45	4.845	8:15	4.260	8:45	4.447	
28	7:45	4.845	8:15	4.239	8:45	4.440	
29	7:45	4.845	8:15	4.253	8:45	4.463	
30	7:45	4.845	8:15	4.278	8:45	4.470	
31	7:45	4.845	8:15	4.255	8:45	4.473	

NIS = NOT IN SERVICE