Membrane Filter Monthly Operating Report

County: Douglas County

System Name: **Umpqua Basin Water**

Month/Year: Sep-2025

PWS ID#: 41 - **00719**

Minimum test pressure **applied**: **12.16** psi

Plant ID: WTP - **A** *(e.g., "A")*

Minimum test pressure **req'd**: **8.8** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE♠ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.017	0.018	0.018	N/A	4.45	Yes
2	0.015	0.017	0.017	N/A	4.23	Yes
3	0.015	0.017	0.017	N/A	4.24	Yes
4	0.017	0.018	0.018	N/A	4.24	Yes
5	0.016	0.017	0.017	N/A	4.21	Yes
6	0.016	0.017	0.017	N/A	4.21	Yes
7	0.016	0.018	0.018	N/A	4.21	Yes
8	0.016	0.017	0.017	N/A	4.22	Yes
9	0.017	0.018	0.018	N/A	4.23	Yes
10	0.016	0.017	0.017	N/A	4.22	Yes
11	0.017	0.018	0.018	N/A	4.22	Yes
12	0.016	0.018	0.018	N/A	4.23	Yes
13	0.017	0.019	0.019	N/A	4.20	Yes
14	0.017	0.018	0.018	N/A	4.18	Yes
15	0.016	0.018	0.018	N/A	4.21	Yes
16	0.017	0.019	0.019	N/A	4.21	Yes
17	0.016	0.018	0.018	N/A	4.19	Yes
18	0.016	0.018	0.018	N/A	4.19	Yes
19	0.016	0.018	0.018	N/A	4.20	Yes
20	0.016	0.018	0.018	N/A	4.29	Yes
21	0.017	0.019	0.019	N/A	4.25	Yes
22	0.016	0.018	0.018	N/A	4.21	Yes
23	0.018	0.019	0.019	N/A	4.22	Yes
24	0.016	0.018	0.018	N/A	4.21	Yes
25	0.017	0.019	0.019	N/A	4.20	Yes
26	0.017	0.019	0.019	N/A	4.19	Yes
27	0.017	0.019	0.019	N/A	4.16	Yes
28	0.017	0.019	0.019	N/A	4.18	Yes
29	0.017	0.020	0.020	N/A	4.18	Yes
30	0.018	0.020	0.020	N/A	4.19	Yes

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	**Yes**	**Yes**	**Yes**

PRINTED NAME: **Curtis Pine** **DATE:** **10/3/2025**

SIGNATURE: **WT CERT #:** **T09207**

Notes: **PHONE #:** **541-672-5559**

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Sep-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	0.017	OFF	OFF	0.017	0.017	0.018	0.018
2	0.018	0.018	0.018	0.018	0.016	0.016	0.018
3	0.016	0.017	OFF	0.016	0.016	0.015	0.017
4	0.016	0.015	0.016	0.015	0.016	0.016	0.016
5	0.016	0.016	0.016	0.016	0.016	0.016	0.016
6	0.016	OFF	0.016	0.016	0.016	0.016	0.016
7	0.016	0.016	OFF	0.016	0.017	0.016	0.017
8	0.016	0.016	0.016	0.016	0.016	0.016	0.016
9	0.016	0.016	OFF	0.016	0.016	0.016	0.016
10	0.016	OFF	0.018	0.016	0.018	0.016	0.018
11	0.016	OFF	0.019	0.016	0.016	0.016	0.019
12	0.016	0.015	0.016	0.015	0.016	0.016	0.016
13	0.016	0.015	0.016	0.015	0.016	OFF	0.016
14	0.016	0.015	0.016	0.016	0.015	0.016	0.016
15	0.016	0.015	0.015	0.015	0.016	0.016	0.016
16	0.015	0.015	OFF	0.015	0.015	0.015	0.015
17	0.015	0.017	0.015	0.015	0.016	0.016	0.017
18	0.015	OFF	OFF	0.015	0.017	0.015	0.017
19	0.015	OFF	0.015	0.015	0.015	0.015	0.015
20	0.015	OFF	0.015	0.015	0.015	0.016	0.016
21	0.016	OFF	OFF	0.016	0.016	0.015	0.016
22	OFF	OFF	0.017	0.016	0.017	0.016	0.017
23	0.016	OFF	OFF	0.017	0.015	0.015	0.017
24	OFF	OFF	OFF	0.015	0.015	0.015	0.015
25	OFF	OFF	OFF	0.016	0.016	0.016	0.016
26	OFF	OFF	OFF	0.016	0.016	0.016	0.016
27	0.016	OFF	0.016	0.016	0.016	0.016	0.016
28	0.016	OFF	0.017	0.016	0.016	0.016	0.017
29	0.016	0.016	0.016	0.015	0.015	0.015	0.016
30	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 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: **Curtis Pine**

Signature:  Date: 10/3/2025

Phone #: **541-672-5559** Cert #: **T-09207**

(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	Sept	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	12:46	0.887	73	64.8	21.1	7.63	11.3	YES	1,860	
2	11:26	0.778	55	42.8	20.9	7.52	10.9	YES	2,526	
3	13:51	0.804	55	44.2	21.9	7.51	10.1	YES	2,497	
4	10:31	1.223	55	67.3	21.4	7.61	11.4	YES	2,439	
5	9:34	0.960	55	52.8	21.7	7.64	11.0	YES	2,570	
6	11:11	1.010	55	55.6	21.2	7.70	11.7	YES	2,538	
7	20:23	1.273	73	92.9	21.7	7.63	11.4	YES	1,963	
8	15:00	1.012	55	55.7	20.8	7.53	11.3	YES	2,502	
9	22:00	1.020	73	74.5	20.5	7.50	11.4	YES	1,831	
10	12:00	1.060	73	77.4	19.3	7.63	13.0	YES	1,958	
11	16:30	0.903	73	65.9	20.1	7.62	12.0	YES	1,944	
12	21:34	1.112	73	81.2	19.3	7.79	13.9	YES	1,973	
13	6:31	0.973	73	71.0	18.4	7.53	13.1	YES	1,884	
14	6:14	1.150	73	84.0	19.1	7.64	13.3	YES	1,883	
15	15:11	1.270	73	92.7	18.7	7.54	13.4	YES	1,810	
16	21:03	1.060	73	77.4	19.8	7.75	13.2	YES	1,796	
17	16:07	1.007	55	55.4	19.4	7.55	12.5	YES	2,529	
18	15:57	0.775	55	42.6	18.8	7.54	12.6	YES	2,490	
19	16:07	0.932	64	59.6	18.9	7.58	12.9	YES	2,411	
20	17:32	0.817	55	44.9	19.6	7.63	12.4	YES	2,487	
21	11:49	0.968	55	53.2	18.0	7.62	14.0	YES	2,505	
22	16:02	0.912	64	58.4	17.6	7.55	13.9	YES	2,371	
23	10:45	1.008	44	44.4	16.4	7.68	15.9	YES	3,149	
24	8:38	0.944	55	51.9	17.1	7.89	16.4	YES	2,552	
25	13:28	0.843	64	54.0	17.4	7.49	13.7	YES	2,367	
26	9:37	1.040	55	57.2	16.7	7.90	17.1	YES	2,562	
27	16:37	0.782	73	57.1	17.1	7.58	14.4	YES	1,935	
28	13:20	0.974	73	71.1	16.0	7.56	15.6	YES	1,953	
29	13:08	0.835	55	45.9	15.5	7.49	15.5	YES	2,451	
30	9:21	0.923	91.5	84.5	15.2	7.64	16.9	YES	1,710	

♦ **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: Sep-25**

	Log Removal Value						Notes
Day	**Time**	**ZW 1**	**Time**	**ZW 2**	**Time**	**ZW 3**	
1	7:45	4.845	8:15	4.233	8:45	4.452	
2	7:45	4.845	8:15	4.242	8:45	4.436	
3	7:45	4.845	8:15	4.236	8:45	4.468	
4	7:45	4.845	8:15	4.208	8:45	4.466	
5	7:45	4.845	8:15	4.220	8:45	4.437	
6	7:45	4.845	8:15	4.211	8:45	4.452	
7	7:45	4.845	8:15	4.205	8:45	4.469	
8	7:45	4.845	8:15	4.217	8:45	4.454	
9	7:45	4.845	8:15	4.230	8:45	4.438	
10	7:45	4.845	8:15	4.217	8:45	4.469	
11	7:45	4.845	8:15	4.224	8:45	4.475	
12	7:45	4.845	8:15	4.227	8:45	4.456	
13	7:45	4.845	8:15	4.195	8:45	4.452	
14	7:45	4.845	8:15	4.182	8:45	4.443	
15	7:45	4.845	8:15	4.214	8:45	4.457	
16	7:45	4.845	8:15	4.210	8:45	4.413	
17	7:30	4.845	8:15	4.209	8:45	4.413	
18	7:45	4.845	8:15	4.242	8:45	4.411	
19	8:00	4.845	7:30	4.195	8:30	4.447	
20	8:00	4.845	7:30	4.266	8:30	4.438	
21	7:45	4.845	8:15	4.251	8:00	4.430	
22	7:45	4.845	8:15	4.217	7:30	4.481	
23	7:45	4.845	8:15	4.234	8:45	4.415	
24	7:45	4.843	8:15	4.210	8:45	4.405	
25	7:45	4.845	8:15	4.214	8:45	4.393	
26	7:45	4.835	8:15	4.190	8:45	4.375	
27	7:45	4.823	8:15	4.185	8:45	4.387	
28	7:45	4.838	8:15	4.171	8:45	4.371	
29	7:45	4.828	8:15	4.156	8:45	4.365	
30	7:45	4.824	8:15	4.185	8:45	4.393	

NIS = NOT IN SERVICE