Membrane Filter Monthly Operating Report

County: **Douglas County**

System Name: **Umpqua Basin Water**

Month/Year: **Oct-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	0.020	0.020	N/A	4.17	Yes
2	0.018	0.021	0.021	N/A	4.16	Yes
3	0.018	0.021	0.021	N/A	4.19	Yes
4	0.019	0.022	0.022	N/A	4.15	Yes
5	0.020	0.026	0.026	N/A	4.15	Yes
6	0.018	0.022	0.022	N/A	4.16	Yes
7	0.018	0.022	0.022	N/A	4.16	Yes
8	0.018	0.022	0.022	N/A	4.15	Yes
9	0.019	0.022	0.022	N/A	4.10	Yes
10	0.024	0.028	0.028	N/A	4.13	Yes
11	0.019	0.023	0.023	N/A	4.15	Yes
12	0.019	0.024	0.024	N/A	4.13	Yes
13	0.020	0.024	0.024	N/A	4.12	Yes
14	0.020	0.024	0.024	N/A	4.11	Yes
15	0.020	0.025	0.025	N/A	4.11	Yes
16	0.020	0.026	0.026	N/A	4.09	Yes
17	0.021	0.026	0.026	N/A	4.09	Yes
18	0.021	0.027	0.027	N/A	4.10	Yes
19	0.021	0.027	0.027	N/A	4.11	Yes
20	0.022	0.027	0.027	N/A	4.09	Yes
21	0.021	0.027	0.027	N/A	4.11	Yes
22	0.022	0.027	0.027	N/A	4.09	Yes
23	0.023	0.028	0.028	N/A	4.09	Yes
24	0.022	0.027	0.027	N/A	4.09	Yes
25	0.023	0.028	0.028	N/A	4.09	Yes
26	0.024	0.029	0.029	N/A	4.08	Yes
27	0.025	0.031	0.031	N/A	4.09	Yes
28	0.025	0.031	0.031	N/A	4.08	Yes
29	0.027	0.032	0.032	N/A	4.06	Yes
30	0.026	0.032	0.032	N/A	4.08	Yes
31	0.024	0.028	0.028	N/A	4.06	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:** 11/7/2025

SIGNATURE: Curtis Pine **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: Oct-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	OFF	0.015	0.016	0.015	OFF	0.016
2	OFF	OFF	0.015	0.015	0.015	OFF	0.015
3	OFF	OFF	0.017	0.015	0.016	0.016	0.017
4	OFF	OFF	OFF	0.015	0.015	0.015	0.015
5	0.015	OFF	OFF	0.015	0.015	OFF	0.015
6	OFF	OFF	0.016	0.016	0.015	OFF	0.016
7	0.015	OFF	0.016	0.015	0.016	OFF	0.016
8	OFF	OFF	OFF	0.015	0.015	OFF	0.015
9	OFF	0.015	0.015	0.015	OFF	OFF	0.015
10	0.015	0.015	0.015	0.015	0.015	OFF	0.015
11	OFF	OFF	OFF	0.015	0.015	OFF	0.015
12	OFF	OFF	0.015	0.015	0.015	0.015	0.015
13	OFF	OFF	0.015	0.015	0.015	OFF	0.015
14	OFF	OFF	OFF	0.015	0.015	0.016	0.016
15	OFF	OFF	0.015	0.015	OFF	OFF	0.015
16	OFF	OFF	0.016	0.015	0.015	0.015	0.016
17	0.015	OFF	OFF	0.015	0.015	0.015	0.015
18	OFF	OFF	0.015	0.015	0.015	OFF	0.015
19	OFF	OFF	0.015	0.015	0.015	0.015	0.015
20	OFF	OFF	0.015	0.015	0.015	0.015	0.015
21	0.015	OFF	0.015	0.015	0.015	OFF	0.015
22	OFF	OFF	0.015	0.015	OFF	0.015	0.015
23	0.015	OFF	OFF	0.015	0.015	0.015	0.015
24	OFF	OFF	OFF	0.016	0.015	0.015	0.016
25	OFF	OFF	0.016	0.015	0.015	0.015	0.016
26	0.016	OFF	0.016	0.015	0.015	0.015	0.016
27	0.015	0.015	0.015	OFF	0.015	0.015	0.015
28	OFF	OFF	OFF	0.015	0.015	OFF	0.015
29	OFF	OFF	0.016	0.015	0.015	0.015	0.016
30	0.015	OFF	OFF	0.015	0.015	0.015	0.015
31	OFF	OFF	0.015	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: **Keith Ramsay**

Signature: Keith T Ramsay 11/7/2025

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	Oct	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	13:23	0.901	64	57.7	14.1	7.70	18.6	YES	2,336	
2	12:32	1.070	64	68.5	13.7	7.76	19.8	YES	2,325	
3	11:00	1.100	55	60.5	13.9	7.77	19.7	YES	2,511	
4	12:30	0.970	73	70.8	14.5	7.85	19.2	YES	1,944	
5	15:29	0.807	73	58.9	14.6	7.74	18.0	YES	1,936	
6	12:48	0.793	64	50.8	14.3	7.72	18.2	YES	2,317	
7	13:36	0.800	55	44.0	14.1	7.68	18.2	YES	2,452	
8	10:21	0.881	64	56.4	13.8	7.99	21.0	YES	2,410	
9	12:15	1.014	55	55.8	12.5	7.74	21.2	YES	2,433	
10	13:02	1.120	91.5	102.5	12.3	7.73	21.7	YES	1,606	
11	10:45	1.067	64	68.3	11.8	7.84	23.2	YES	2,334	
12	14:48	0.950	73	69.4	12.1	7.73	21.6	YES	1,942	
13	10:53	1.031	64	66.0	11.4	7.78	23.2	YES	2,421	
14	13:11	0.963	91.5	88.1	11.0	7.79	23.7	YES	1,662	
15	11:52	0.879	55	48.3	11.0	7.76	23.3	YES	2,434	
16	9:43	0.884	55	48.6	10.9	7.80	23.8	YES	2,463	
17	16:53	1.132	73	82.6	12.2	7.75	22.0	YES	1,944	
18	9:31	1.218	110	134.0	11.6	7.95	24.9	YES	1,165	
19	12:53	1.033	73	75.4	12.0	7.71	21.8	YES	1,941	
20	15:18	0.852	73	62.2	12.2	7.70	21.0	YES	1,932	
21	7:27	1.282	73	93.6	11.3	7.85	24.6	YES	1,823	
22	17:47	0.826	55	45.4	11.7	7.74	21.9	YES	2,453	
23	14:55	0.806	91.5	73.7	11.3	7.72	22.2	YES	1,665	
24	14:34	0.973	91.5	89.0	10.7	7.77	24.0	YES	1,580	
25	13:07	0.994	91.5	91.0	10.2	7.75	24.7	YES	1,722	
26	17:39	0.887	73	64.8	9.9	7.77	25.2	YES	1,934	
27	16:26	0.944	91.5	86.4	10.0	7.74	24.9	YES	1,656	
28	13:53	1.002	91.5	91.7	10.2	7.74	24.7	YES	1,639	
29	13:48	0.746	49.5	36.9	10.6	7.58	22.1	YES	2,994	
30	19:46	0.904	73	66.0	10.6	7.78	24.1	YES	1,813	
31	18:28	1.026	73	74.9	11.1	7.77	23.6	YES	1,920	

♦ **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: Oct-25**

	Log Removal Value						Notes
Day	**Time**	**ZW 1**	**Time**	**ZW 2**	**Time**	**ZW 3**	
1	7:45	4.835	8:15	4.174	8:45	4.389	
2	7:45	4.842	8:15	4.160	8:45	4.386	
3	7:45	4.825	8:15	4.193	8:45	4.331	
4	7:45	4.793	8:15	4.146	8:45	4.363	
5	7:45	4.818	8:15	4.148	8:45	4.376	
6	7:45	4.827	8:15	4.159	8:45	4.390	
7	7:45	4.815	8:15	4.174	8:45	4.357	
8	7:45	4.779	8:15	4.142	8:45	4.363	
9	7:45	4.792	8:15	4.123	8:45	4.366	
10	7:45	4.790	8:15	4.141	8:45	4.365	
11	7:45	4.783	8:15	4.131	8:45	4.367	
12	7:45	4.818	8:15	4.150	8:45	4.370	
13	7:45	4.797	8:15	4.135	8:45	4.365	
14	7:45	4.786	8:15	4.119	8:45	4.381	
15	7:45	4.810	8:15	4.114	8:45	4.370	
16	7:45	4.808	8:15	4.086	8:45	4.349	
17	7:45	4.802	8:15	4.089	8:45	4.366	
18	7:45	4.805	8:15	4.098	8:45	4.362	
19	7:45	4.807	8:15	4.095	8:45	4.363	
20	7:45	4.809	8:15	4.108	8:45	4.350	
21	7:45	4.793	8:15	4.060	8:45	4.340	
22	7:45	4.818	8:15	4.085	8:45	4.337	
23	7:45	4.804	8:15	4.089	8:45	4.361	
24	7:45	4.800	8:15	4.086	8:45	4.364	
25	7:45	4.797	8:15	4.086	8:45	4.365	
26	7:45	4.809	8:15	4.087	8:45	4.362	
27	7:45	4.808	8:15	4.082	8:45	4.354	
28	7:45	4.787	8:15	4.084	8:45	4.363	
29	7:45	4.805	8:15	4.073	8:45	4.359	
30	7:45	4.765	8:15	4.067	8:45	4.343	
31	7:45	4.803	8:15	4.057	8:45	4.354	

NIS = NOT IN SERVICE