

Membrane Filter Monthly Operating Report

County: **Douglas County**

System Name: **Umpqua Basin Water**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00719**

Minimum test pressure applied: **12.16** psi

Plant ID: WTP - **A**

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

(e.g., "A")

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

PDR = Pressure Decay Rate

LRC = Log Removal Credit

DIT
Daily

PDR_{Max} [psi/min] LRC [log removal]

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	0.015	0.017	0.017	N/A	4.17	Yes
2	0.015	0.016	0.016	N/A	4.18	Yes
3	0.015	0.016	0.016	N/A	4.17	Yes
4	0.015	0.016	0.016	N/A	4.25	Yes
5	0.016	0.017	0.017	N/A	4.25	Yes
6	0.015	0.016	0.016	N/A	4.25	Yes
7	0.016	0.017	0.017	N/A	4.23	Yes
8	0.015	0.016	0.016	N/A	4.21	Yes
9	0.015	0.017	0.017	N/A	4.25	Yes
10	0.015	0.016	0.016	N/A	4.22	Yes
11	0.015	0.016	0.016	N/A	4.22	Yes
12	0.017	0.018	0.018	N/A	4.21	Yes
13	0.015	0.017	0.017	N/A	4.22	Yes
14	0.016	0.017	0.017	N/A	4.22	Yes
15	0.015	0.017	0.017	N/A	4.21	Yes
16	0.015	0.017	0.017	N/A	4.21	Yes
17	0.015	0.017	0.017	N/A	4.20	Yes
18	0.016	0.017	0.017	N/A	4.21	Yes
19	0.016	0.017	0.017	N/A	4.23	Yes
20	0.016	0.017	0.017	N/A	4.21	Yes
21	0.016	0.017	0.017	N/A	4.22	Yes
22	0.016	0.017	0.017	N/A	4.20	Yes
23	0.017	0.018	0.018	N/A	4.47	Yes
24	0.016	0.017	0.017	N/A	4.64	Yes
25	0.016	0.018	0.018	N/A	4.63	Yes
26	0.016	0.018	0.018	N/A	4.62	Yes
27	0.017	0.022	0.022	N/A	4.65	Yes
28	0.016	0.018	0.018	N/A	4.63	Yes
29	0.016	0.018	0.018	N/A	4.63	Yes
30	0.016	0.018	0.018	N/A	4.60	Yes
31	0.019	0.023	0.023	N/A	4.59	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: **1/5/2026**

SIGNATURE: 

WT CERT #: **T-09207**

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: Dec-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	0.015	0.015	0.015	0.015	0.015
2	OFF	OFF	0.015	0.015	0.015	OFF	0.015
3	OFF	OFF	0.016	0.015	OFF	0.015	0.016
4	OFF	OFF	OFF	0.015	0.016	OFF	0.016
5	OFF	OFF	0.015	0.015	0.015	0.015	0.015
6	0.015	OFF	OFF	0.015	0.015	0.015	0.015
7	OFF	OFF	OFF	OFF	0.015	0.015	0.015
8	OFF	OFF	OFF	0.015	0.015	0.015	0.015
9	OFF	OFF	OFF	0.015	0.015	OFF	0.015
10	OFF	OFF	OFF	0.015	0.015	0.015	0.015
11	OFF	OFF	OFF	0.015	0.015	OFF	0.015
12	OFF	OFF	OFF	0.015	OFF	OFF	0.015
13	OFF	OFF	0.015	0.015	OFF	OFF	0.015
14	OFF	OFF	0.015	0.015	0.015	0.015	0.015
15	OFF	OFF	OFF	0.015	OFF	OFF	0.015
16	OFF	OFF	0.015	0.015	OFF	OFF	0.015
17	OFF	0.015	OFF	0.015	0.015	0.015	0.015
18	OFF	OFF	OFF	0.016	0.016	OFF	0.016
19	OFF	OFF	OFF	0.015	0.015	0.015	0.015
20	OFF	OFF	OFF	0.015	0.016	0.016	0.016
21	OFF	OFF	OFF	0.016	0.016	0.015	0.016
22	OFF	OFF	OFF	0.015	0.015	OFF	0.015
23	OFF	OFF	OFF	0.015	0.015	0.015	0.015
24	OFF	OFF	OFF	0.015	0.015	OFF	0.015
25	OFF	OFF	0.015	0.015	0.015	OFF	0.015
26	OFF	OFF	OFF	0.015	0.015	OFF	0.015
27	OFF	OFF	OFF	0.016	0.015	0.016	0.016
28	OFF	OFF	0.016	0.015	OFF	OFF	0.016
29	0.015	0.016	OFF	0.016	0.016	OFF	0.016
30	OFF	OFF	OFF	0.016	0.016	OFF	0.016
31	OFF	OFF	OFF	0.016	0.016	0.016	0.016

Slow Sand / Membrane / DE Filtration/ Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? <input checked="" type="radio"/> Yes <input type="radio"/> No	All CL2 residual at entry point ≥ 0.2 mg/l ? <input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU <input checked="" type="radio"/> Yes <input type="radio"/> No		
Notes:	Printed Name: Keith Ramsay	
	Signature: <i>Keith J Ramsay</i>	Date: 01/05/26
	Phone #: 541-672-5559	Cert #: T-08919

(1) Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" through "8PM" may not correspond to continuous 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	Dec	2025
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0.5

←
Log Inactivation
Required via
Disinfection

Day	Time	Minimum Cl ₂ Residual at 1 st 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	16:15	1.303	73	95.1	8.4	7.82	29.8	YES	1,935	
2	11:56	1.218	91.5	111.4	7.6	7.93	32.4	YES	1,697	
3	17:14	1.156	64	74.0	6.9	7.74	31.4	YES	2,413	
4	11:57	1.171	73	85.5	6.4	7.90	34.5	YES	1,796	
5	16:08	1.052	73	76.8	6.9	7.75	31.2	YES	1,760	
6	15:42	1.018	73	74.3	7.6	7.77	29.8	YES	1,926	
7	15:07	1.125	64	72.0	8.4	7.64	27.3	YES	2,414	
8	10:38	0.738	91.5	67.5	8.7	7.62	25.3	YES	1,702	
9	15:34	1.091	91.5	99.8	9.4	7.65	25.5	YES	1,571	
10	15:35	0.930	64	59.5	10.3	7.62	23.4	YES	2,287	
11	12:47	0.871	91.5	79.7	9.4	7.66	24.9	YES	1,633	
12	9:14	1.036	73	75.6	9.3	7.74	26.3	YES	1,955	
13	7:55	1.184	73	86.4	7.9	7.73	29.4	YES	1,957	
14	7:40	1.035	55	56.9	7.3	7.69	29.6	YES	2,509	
15	12:56	0.978	73	71.4	6.8	7.75	31.1	YES	1,953	
16	10:12	0.988	64	63.2	7.4	7.73	29.6	YES	2,254	
17	13:52	1.195	73	87.2	8.3	7.78	29.1	YES	1,740	
18	12:14	1.003	55	55.2	8.8	7.61	25.9	YES	2,542	
19	13:53	1.192	73	87.0	8.4	7.78	28.9	YES	1,741	
20	11:30	0.965	73	70.4	8.1	7.43	25.4	YES	1,941	
21	11:24	1.262	73	92.1	8.3	7.47	26.2	YES	1,944	
22	10:56	1.269	73	92.6	8.2	7.53	27.0	YES	1,757	
23	11:03	1.075	55	59.1	8.0	7.56	27.1	YES	2,443	
24	8:38	1.217	73	88.8	8.1	7.55	27.3	YES	1,743	
25	9:00	0.908	73	66.3	7.7	7.60	27.5	YES	1,957	
26	13:20	1.191	73	86.9	7.7	7.64	28.8	YES	1,927	
27	11:06	1.144	73	83.5	7.7	7.66	28.9	YES	1,939	
28	21:35	0.892	73	65.1	7.0	7.59	28.7	YES	1,943	
29	10:47	1.146	73	83.7	6.6	7.62	30.7	YES	1,934	
30	9:24	1.019	91.5	93.2	6.3	7.62	30.8	YES	1,603	
31	8:23	1.060	73	77.4	5.8	7.73	33.4	YES	1,820	

*** 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: dpw.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: Dec-25

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	8:15	4.721	7:45	4.681	8:45	4.176	
2	7:45	4.705	7:30	4.784	8:15	4.169	
3	7:45	4.715	8:15	4.818	7:30	4.173	
4	7:45	4.703	8:45	4.815	7:30	4.250	
5	7:30	4.698	8:15	4.841	8:45	4.265	
6	7:30	4.760	8:15	4.829	8:45	4.256	
7	7:45	4.732	8:15	4.803	8:45	4.228	
8	7:45	4.731	8:15	4.768	8:45	4.212	
9	7:45	4.700	8:15	4.751	8:45	4.225	
10	7:45	4.710	8:15	4.786	8:45	4.226	
11	7:45	4.756	8:15	4.740	8:45	4.214	
12	7:45	4.749	8:15	4.773	8:45	4.206	
13	7:45	4.797	8:15	4.736	8:45	4.231	
14	7:45	4.724	8:15	4.699	8:45	4.220	
15	7:45	4.722	8:15	4.742	8:45	4.222	
16	7:45	4.720	8:15	4.699	8:45	4.208	
17	7:45	4.718	8:15	4.718	8:45	4.215	
18	7:45	4.714	8:15	4.708	8:45	4.203	
19	7:45	4.669	8:15	4.692	8:45	4.198	
20	7:45	4.716	8:15	4.680	8:45	4.209	
21	7:45	4.688	8:15	4.637	8:45	4.202	
22	7:45	4.662	8:45	4.657	7:45	4.204	
23	8:45	4.652	8:15	4.662	7:45	4.474	
24	7:45	4.655	8:15	4.644	8:45	4.845	
25	7:45	4.667	8:15	4.625	8:45	4.845	
26	7:45	4.655	8:15	4.615	8:45	4.845	
27	7:45	4.659	8:15	4.654	8:45	4.845	
28	7:45	4.631	8:15	4.632	8:45	4.845	
29	7:45	4.658	8:45	4.616	8:15	4.845	
30	7:45	4.619	8:15	4.612	8:45	4.845	
31	7:45	4.634	8:15	4.573	8:45	4.845	

NIS = NOT IN SERVICE