

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Umpqua Basin Water Assoc Inc.

County: **Douglas County**

PWS ID#: **41 00719**

Month/Year: **Jan 2026**

Plant ID: WTF A (e.g., "A")

Minimum test pressure applied: **10.00** *psi*

Minimum test pressure req'd: **8.80** *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
N/A	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [^{psi} /min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.016	0.018	0.018	N/A	4.594	Y
2	0.016	0.018	0.018	N/A	4.542	Y
3	0.016	0.018	0.018	N/A	4.529	Y
4	0.016	0.018	0.018	N/A	4.541	Y
5	0.016	0.018	0.018	N/A	4.527	Y
6	0.017	0.018	0.018	N/A	4.522	Y
7	0.017	0.019	0.019	N/A	4.517	Y
8	0.017	0.019	0.019	N/A	4.528	Y
9	0.017	0.019	0.019	N/A	4.531	Y
10	0.016	0.019	0.019	N/A	4.521	Y
11	0.017	0.019	0.019	N/A	4.517	Y
12	0.017	0.019	0.019	N/A	4.514	Y
13	0.017	0.019	0.019	N/A	4.511	Y
14	0.017	0.019	0.019	N/A	4.507	Y
15	0.017	0.019	0.019	N/A	4.517	Y
16	0.017	0.019	0.019	N/A	4.496	Y
17	0.017	0.019	0.019	N/A	4.477	Y
18	0.017	0.019	0.019	N/A	4.491	Y
19	0.017	0.020	0.020	N/A	4.486	Y
20	0.017	0.020	0.020	N/A	4.493	Y
21	0.017	0.021	0.021	N/A	4.508	Y
22	0.018	0.021	0.021	N/A	4.501	Y
23	0.018	0.021	0.021	N/A	4.502	Y
24	0.018	0.021	0.021	N/A	4.509	Y
25	0.018	0.021	0.021	N/A	4.513	Y
26	0.015	0.015	0.015	N/A	4.494	Y
27	0.016	0.016	0.016	N/A	4.497	Y
28	0.016	0.016	0.016	N/A	4.456	Y
29	0.016	0.016	0.016	0.3380	4.479	Y
30	0.016	0.016	0.016	0.3640	4.439	Y
31	0.015	0.016	0.016	0.3640	4.433	Y

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] <small>(PDR ≤ PDR_{Max}, LRV ≥ LRC)</small>	DIT Daily? [Y/N]
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	N/A	Yes	

PRINTED NAME: Curtis Pine

DATE: 2/4/2026

SIGNATURE: _____

WT CERT #: T-09207

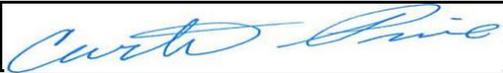
Notes:

PHONE #: 541-672-5559

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Jan 2026

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	0.016	OFF	OFF	0.016	OFF	OFF	0.016
2	OFF	0.016	0.016	0.016	0.016	OFF	0.016
3	OFF	OFF	0.016	0.016	0.016	0.016	0.016
4	OFF	OFF	0.017	0.016	0.016	0.016	0.017
5	OFF	OFF	OFF	0.016	0.015	0.015	0.016
6	OFF	OFF	OFF	0.015	0.015	OFF	0.015
7	OFF	OFF	OFF	0.015	0.015	OFF	0.015
8	OFF	OFF	0.015	0.015	0.015	0.015	0.015
9	OFF	OFF	0.015	0.015	0.015	OFF	0.015
10	OFF	OFF	0.016	0.015	0.015	0.015	0.016
11	OFF	OFF	0.015	0.015	0.015	OFF	0.015
12	OFF	OFF	0.015	0.016	0.015	OFF	0.016
13	OFF	OFF	0.015	0.016	0.015	0.015	0.016
14	OFF	OFF	0.016	0.015	0.016	OFF	0.016
15	OFF	OFF	OFF	0.015	0.015	0.015	0.015
16	OFF	OFF	OFF	0.015	0.015	0.016	0.016
17	OFF	OFF	OFF	0.015	0.015	0.016	0.016
18	OFF	OFF	0.016	0.015	0.015	OFF	0.016
19	OFF	0.016	0.016	0.016	0.016	OFF	0.016
20	OFF	OFF	OFF	0.016	0.016	0.016	0.016
21	0.016	OFF	OFF	0.015	0.015	OFF	0.016
22	OFF	OFF	OFF	0.015	0.015	OFF	0.015
23	OFF	OFF	0.015	0.015	0.015	0.015	0.015
24	OFF	OFF	OFF	0.015	0.015	0.015	0.015
25	OFF	0.015	0.016	OFF	OFF	OFF	0.016
26	0.016	0.015	0.016	OFF	0.015	OFF	0.016
27	OFF	OFF	0.015	0.015	0.015	0.015	0.015
28	OFF	OFF	OFF	0.015	0.015	0.015	0.015
29	OFF	OFF	OFF	OFF	0.016	0.016	0.016
30	OFF	OFF	OFF	0.015	0.015	0.015	0.015
31	OFF	OFF	OFF	0.015	0.015	OFF	0.015

Slow Sand / Membrane / DE Filtration/ Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU (2) <input checked="" type="checkbox"/> Yes / No	CT's met everyday? <input checked="" type="checkbox"/> Yes / No	All CL2 residual at entry point ≥ 0.2 mg/l ? <input checked="" type="checkbox"/> Yes / No
All daily turbidity readings ≤ 5 NTU <input checked="" type="checkbox"/> Yes / No		
Notes:	Printed Name: Curtis Pine	
		Date: 2/4/26
	Phone #: 541-672-5559	Cert #: T-09207

(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	Jan	2026
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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	12:47	1.083	91.5	99.1	8.1	7.65	27.9	YES	1,668	
2	8:49	1.016	73	74.2	6.9	7.69	30.3	YES	1,942	
3	8:58	0.906	73	66.1	7.9	7.69	28.0	YES	1,948	
4	9:12	1.156	91.5	105.8	8.6	7.77	28.3	YES	1,715	
5	9:42	1.044	64	66.8	8.4	7.74	27.9	YES	2,307	
6	9:29	1.073	91.5	98.2	8.2	7.69	27.9	YES	1,576	
7	8:52	1.097	91.5	100.4	7.8	7.63	28.1	YES	1,662	
8	12:28	0.891	55	49.0	7.2	7.60	28.4	YES	2,498	
9	9:22	0.898	55	49.4	6.4	7.62	30.2	YES	2,510	
10	14:30	1.106	73	80.7	6.4	7.64	31.1	YES	1,740	
11	10:31	1.082	64	69.2	6.0	7.65	31.9	YES	2,399	
12	11:21	1.025	64	65.6	5.7	7.67	32.6	YES	2,379	
13	10:19	0.828	64	53.0	5.3	7.64	32.4	YES	2,240	
14	16:01	1.080	55	59.4	5.6	7.69	33.4	YES	2,512	
15	12:38	1.060	64	67.8	5.2	7.86	36.4	YES	2,395	
16	13:55	0.895	55	49.2	5.3	7.67	33.0	YES	2,499	
17	14:50	0.816	64	52.2	5.2	7.70	33.5	YES	2,265	
18	11:50	0.943	64	60.4	4.8	7.72	35.2	YES	2,246	
19	8:23	0.895	64	57.3	4.8	7.73	35.0	YES	2,387	
20	15:15	0.768	64	49.2	5.1	7.72	33.7	YES	2,232	
21	12:50	1.204	91.5	110.2	4.9	7.80	37.1	YES	1,646	
22	11:22	1.096	64	70.1	4.8	7.69	35.3	YES	2,266	
23	13:22	0.878	64	56.2	4.9	7.73	34.6	YES	2,374	
24	16:00	1.097	73	80.1	4.8	7.78	36.6	YES	1,932	
25	23:06	1.131	49.5	56.0	4.2	7.52	34.8	YES	2,967	
26	5:30	0.797	73	58.2	3.7	7.77	37.8	YES	1,914	
27	8:48	1.074	64	68.7	4.1	7.79	38.5	YES	2,316	
28	14:30	0.797	91.5	72.9	4.7	7.72	34.7	YES	1,677	
29	9:31	0.998	64	63.9	5.2	7.91	36.8	YES	2,236	
30	10:18	1.200	64	76.8	5.9	7.90	35.9	YES	2,329	
31	12:19	1.080	91.5	98.8	6.4	7.88	33.8	YES	1,695	

*** 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: dlwp.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: Jan-26

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	7:45	4.626	8:15	4.588	8:45	4.845	
2	7:45	4.646	8:15	4.542	8:45	4.845	
3	7:45	4.642	8:15	4.544	8:45	4.845	
4	7:45	4.636	8:15	4.541	8:45	4.845	
5	7:45	4.647	8:45	4.527	8:10	4.845	
6	7:45	4.658	8:15	4.520	8:45	4.845	
7	7:45	4.639	8:15	4.519	8:45	4.845	
8	7:45	4.630	8:15	4.529	8:45	4.845	
9	7:45	4.640	8:15	4.531	8:45	4.845	
10	7:45	4.655	8:15	4.518	8:45	4.845	
11	7:45	4.638	8:15	4.517	8:45	4.845	
12	7:45	4.598	8:15	4.511	8:45	4.845	
13	7:45	4.652	8:15	4.502	8:45	4.845	
14	8:45	4.593	8:15	4.519	7:45	4.845	
15	8:45	4.604	8:15	4.514	7:45	4.845	
16	7:45	4.605	8:15	4.512	8:45	4.845	
17	7:15	4.647	8:15	4.490	7:45	4.845	
18	7:45	4.675	7:15	4.472	8:45	4.845	
19	7:45	4.702	7:15	4.486	8:45	4.845	
20	7:45	4.679	7:15	4.493	8:45	4.845	
21	7:45	4.680	7:15	4.502	8:45	4.845	
22	7:45	4.621	8:15	4.491	8:45	4.845	
23	7:45	4.647	8:15	4.502	8:45	4.845	
24	7:45	4.634	8:15	4.509	8:45	4.845	
25	7:45	4.643	8:15	4.541	8:45	4.845	
26	7:45	4.620	8:15	4.505	8:45	4.845	
27	7:45	4.649	8:15	4.497	8:45	4.845	
28	7:45	4.603	8:15	4.482	8:45	4.845	
29	7:45	4.614	8:15	4.477	8:45	4.845	
30	7:45	4.613	8:15	4.439	8:45	4.845	
31	7:45	4.632	8:15	4.433	8:45	4.845	

NIS = NOT IN SERVICE