

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: Umpqua Basin Water Assoc Inc.

County: **Douglas County**

PWS ID#: 41 **00719**

Month/Year: **Feb 2026**

Plant ID: WTPA (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	0.015	0.016	0.016	0.3640	4.428	Y
2	0.014	0.016	0.016	0.3640	4.424	Y
3	0.014	0.015	0.015	0.3600	4.424	Y
4	0.015	0.016	0.016	0.3600	4.425	Y
5	0.015	0.016	0.016	0.3616	4.433	Y
6	0.014	0.015	0.015	0.3592	4.427	Y
7	0.015	0.015	0.015	0.3632	4.419	Y
8	0.014	0.015	0.015	0.3689	4.409	Y
9	0.018	0.019	0.019	0.3689	4.334	Y
10	0.015	0.016	0.016	0.3579	4.302	Y
11	0.015	0.016	0.016	0.3665	4.334	Y
12	0.015	0.016	0.016	0.3607	4.340	Y
13	0.015	0.016	0.016	0.3621	4.337	Y
14	0.015	0.016	0.016	0.3608	4.346	Y
15	0.015	0.016	0.016	0.3656	4.336	Y
16	0.015	0.016	0.016	0.3611	4.349	Y
17	0.015	0.016	0.016	0.3730	4.349	Y
18	0.015	0.016	0.016	0.3681	4.356	Y
19	0.016	0.016	0.016	0.3679	4.357	Y
20	0.016	0.016	0.016	0.3714	4.359	Y
21	0.015	0.016	0.016	0.3681	4.350	Y
22	0.015	0.016	0.016	0.3763	4.338	Y
23	0.015	0.016	0.016	0.3796	4.335	Y
24	0.016	0.017	0.017	0.3719	4.333	Y
25	0.016	0.016	0.016	0.3757	4.336	Y
26	0.017	0.017	0.017	0.3956	4.317	Y
27	0.016	0.016	0.016	0.4228	4.382	Y
28	0.016	0.017	0.017	0.4120	4.379	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] (PDR ≤ PDR _{Max} , LRV ≥ LRC)	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: 3/2/2026

SIGNATURE: _____

WT CERT #: T-09207

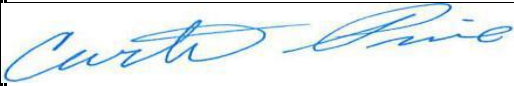
Notes: 

PHONE #: 541-672-5559

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

System Name: Umpqua Basin Water Assoc ID #: OR4100719A Month/Year: Feb 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	OFF	OFF	0.015	0.015	0.015	0.015	0.015
2	OFF	OFF	OFF	0.015	0.015	0.015	0.015
3	OFF	OFF	OFF	0.015	0.016	0.016	0.016
4	OFF	OFF	OFF	0.016	0.015	0.015	0.016
5	OFF	OFF	OFF	0.015	0.015	0.015	0.015
6	OFF	OFF	OFF	0.015	0.015	OFF	0.015
7	OFF	OFF	OFF	0.015	0.015	0.016	0.016
8	OFF	OFF	OFF	0.015	0.016	0.017	0.017
9	0.017	OFF	0.018	0.017	0.017	0.017	0.018
10	OFF	OFF	0.017	OFF	OFF	0.016	0.017
11	0.016	OFF	OFF	0.015	OFF	OFF	0.016
12	OFF	OFF	OFF	OFF	0.016	0.016	0.016
13	OFF	OFF	OFF	0.016	0.016	0.016	0.016
14	OFF	OFF	OFF	0.016	OFF	OFF	0.016
15	OFF	OFF	OFF	OFF	0.016	0.016	0.016
16	0.016	0.016	0.017	OFF	OFF	OFF	0.017
17	OFF	0.016	0.016	0.017	0.015	0.015	0.017
18	OFF	OFF	OFF	0.015	0.015	OFF	0.015
19	OFF	OFF	0.016	0.015	0.015	0.016	0.016
20	OFF	OFF	OFF	0.016	0.015	OFF	0.016
21	OFF	OFF	0.015	0.015	0.015	0.015	0.015
22	OFF	OFF	OFF	0.015	0.015	OFF	0.015
23	OFF	OFF	OFF	0.015	0.016	OFF	0.016
24	OFF	OFF	OFF	0.015	0.016	OFF	0.016
25	OFF	OFF	0.016	0.016	0.016	0.016	0.016
26	0.016	OFF	0.016	0.016	0.015	OFF	0.016
27	OFF	OFF	0.015	0.015	0.016	OFF	0.016
28	OFF	OFF	0.015	0.015	0.016	OFF	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="checkbox"/> Yes / No	CT's met everyday?	All CL2 residual at entry point ≥ 0.2 mg/l ?
All daily turbidity readings ≤ 5 NTU	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
Notes:	Printed Name: Curtis Pine		
			Date: 03/02/26
	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	Feb	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	12:01	1.125	64	72.0	6.7	7.83	32.7	YES	2,414	
2	11:07	1.178	73	86.0	7.0	7.93	33.5	YES	1,926	
3	12:44	0.928	55	51.0	7.1	7.77	30.6	YES	2,480	
4	12:22	1.081	55	59.5	7.1	7.79	31.1	YES	2,529	
5	9:43	1.072	55	59.0	6.9	7.90	33.0	YES	2,435	
6	8:36	0.817	91.5	74.8	7.6	7.74	28.8	YES	1,545	
7	14:16	0.771	64	49.3	6.8	7.68	29.7	YES	2,330	
8	12:18	0.950	91.5	86.9	7.1	7.73	30.2	YES	1,668	
9	17:49	0.968	73	70.7	8.2	7.63	27.0	YES	1,916	
10	18:55	0.902	73	65.8	7.4	7.60	27.9	YES	1,796	
11	9:55	0.925	73	67.5	7.2	7.65	28.9	YES	1,802	
12	15:55	0.845	64	54.1	7.2	7.62	28.4	YES	2,392	
13	15:00	0.995	110	109.5	7.5	7.66	28.7	YES	1,382	
14	15:31	0.879	91.5	80.4	8.0	7.68	27.7	YES	1,641	
15	20:30	0.930	73	67.9	8.2	7.80	28.6	YES	1,922	
16	0:45	0.960	110	105.6	8.2	7.80	28.8	YES	1,154	
17	9:03	0.898	64	57.5	7.4	7.71	29.1	YES	2,425	
18	11:00	1.100	73	80.3	6.8	7.88	33.0	YES	1,929	
19	11:46	1.099	73	80.2	6.3	7.85	33.9	YES	1,817	
20	11:15	1.100	64	70.4	6.1	7.82	34.0	YES	2,269	
21	17:13	1.100	73	80.3	7.1	7.77	31.2	YES	1,929	
22	16:41	1.157	73	84.5	7.2	7.83	31.9	YES	1,926	
23	13:17	0.837	91.5	76.6	7.6	7.83	29.8	YES	1,690	
24	12:55	1.032	64	66.0	8.5	7.76	28.0	YES	2,308	
25	12:05	0.940	73	68.6	9.2	7.41	23.3	YES	1,737	
26	10:18	1.272	73	92.9	8.8	7.43	25.0	YES	1,937	
27	10:26	1.042	91.5	95.3	8.4	7.34	24.3	YES	1,630	
28	11:28	1.224	73	89.4	8.1	7.49	26.7	YES	1,930	

*** 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: Feb-26

Day	Log Removal Value						Notes
	Time	ZW 1	Time	ZW 2	Time	ZW 3	
1	7:45	4.620	8:15	4.429	8:45	4.837	
2	7:45	4.603	8:15	4.424	8:45	4.823	
3	7:45	4.613	8:15	4.424	8:45	4.812	
4	7:45	4.608	8:15	4.425	8:45	4.821	
5	7:45	4.596	8:15	4.433	8:45	4.818	
6	7:45	4.600	8:15	4.427	8:45	4.804	
7	7:45	4.561	8:15	4.419	8:45	4.800	
8	7:45	4.583	8:15	4.409	8:45	4.821	
9	7:45	4.548	8:15	4.334	8:45	4.667	
10	7:45	4.545	8:15	4.302	8:45	4.688	
11	7:45	4.525	8:15	4.334	8:45	4.707	
12	7:45	4.529	8:15	4.340	8:45	4.699	
13	7:45	4.515	8:15	4.337	8:45	4.672	
14	7:45	4.535	8:15	4.346	8:45	4.721	
15	7:45	4.524	8:15	4.336	8:45	4.697	
16	7:45	4.543	8:15	4.349	8:45	4.698	
17	7:45	4.567	8:15	4.349	8:45	4.680	
18	7:45	4.554	8:15	4.356	8:45	4.696	
19	7:45	4.535	8:15	4.357	8:45	4.713	
20	7:45	4.545	8:15	4.359	8:45	4.700	
21	7:45	4.553	8:15	4.350	8:45	4.661	
22	7:45	4.509	8:15	4.338	8:45	4.683	
23	7:45	4.520	8:15	4.335	8:45	4.695	
24	7:45	4.515	8:15	4.333	8:45	4.671	
25	8:15	4.559	7:45	4.336	8:45	4.668	
26	8:15	4.589	7:45	4.355	8:45	4.687	
27	8:45	4.521	8:15	4.382	7:45	4.631	
28	8:45	4.514	8:15	4.379	7:45	4.644	
29							
30							
31							

NIS = NOT IN SERVICE