

OHA - Drinking Water Program - Surface Water Quality Data Form

COUNTRY VIEW REESTATES ID #: ORW100000 WTP: WTP-A Month/Year: 2/2025

Required Log
Installation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C x T	Temp [°C]	pH	Required CT Use tables	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1/ 11:45 AM		180						
2/ ✓		✓					600	
3/								
4/								
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28/								
29/								
30/								
31/ ✓		✓						

Diagnose water

¹ If Cl₂ at entry point < 0.2 mg/L OR CT not met, notify LAMP by end of next business day.
Download form at: www.ohio.gov