

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Columbia**

Cartridge or Bag Filtration

Month/Year: **Sep-23**

System Name: <b>Marshland</b>		ID#: <b>41</b>	<b>01449</b>	WTP ID: <b>TP- A</b>		
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day * [NTU]
1	85.00	63.00	22.00	25.0	0.22	0.25
2	86.00	63.00	23.00	25.0	0.20	0.21
3	87.00	63.00	24.00	25.0	0.20	0.20
4	87.00	63.00	24.00	25.0	0.21	0.21
5	87.00	62.00	25.00	25.0	0.21	0.21
6	82.00	71.00	11.00	25.0	0.22	0.23
7	83.00	71.00	12.00	25.0	0.22	0.23
8	83.00	71.00	12.00	25.0	0.23	0.25
9	83.00	70.00	13.00	25.0	0.24	0.24
10	84.00	70.00	14.00	25.0	0.24	0.24
11	84.00	70.00	14.00	25.0	0.24	0.25
12	84.00	69.00	15.00	25.0	0.24	0.24
13	85.00	69.00	16.00	25.0	0.24	0.24
14	86.00	69.00	17.00	25.0	0.24	0.24
15	86.00	69.00	17.00	25.0	0.24	0.24
16	86.00	68.00	18.00	25.0	0.25	0.25
17	87.00	68.00	19.00	25.0	0.25	0.25
18	87.00	67.00	20.00	25.0	0.25	0.25
19	88.00	67.00	21.00	25.0	0.25	0.25
20	88.00	67.00	21.00	25.0	0.25	0.25
21	88.00	66.00	22.00	25.0	0.25	0.25
22	89.00	66.00	23.00	25.0	0.25	0.25
23	90.00	66.00	24.00	25.0	0.24	0.24
24	90.00	66.00	24.00	25.0	0.24	0.25
25	90.00	65.00	25.00	25.0	0.27	0.28
26	DNR	DNR	DNR	25.0	DNR	DNR
27	DNR	DNR	DNR	25.0	DNR	DNR
28	DNR	DNR	DNR	25.0	DNR	DNR
29	DNR	DNR	DNR	25.0	DNR	DNR
30	DNR	DNR	DNR	25.0	DNR	DNR

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> 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: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: <b>MICAH OLSON</b>	DATE: <b>10/10/23</b>
	SIGNATURE: <i>[Signature]</i>	CERT #: <b>3794</b>
	PHONE #: <b>(971) 563 3128</b>	

\* Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: **A**

System Name: <b>Marshland</b>	ID#: <b>41 01449</b>	Month/Year: <b>Sep-23</b>	Giardia Log Inactivation Req'd: <b>1.0</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>Ⓢ</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>Ⓢ</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.27	144	38.9	16.5	6.80	21.0	YES	3
2	0.3	144	43.2	16.7	6.80	20.8	YES	5
3	0.33	144	47.5	16.8	6.80	20.7	YES	3
4	0.41	144	59.0	16.5	6.80	21.4	YES	6
5	0.49	144	70.6	16.1	6.80	22.1	YES	3
6	0.54	144	77.8	15.8	6.80	22.7	YES	4
7	0.63	144	90.7	15.7	6.80	23.1	YES	3
8	0.7	144	100.8	15.6	6.80	23.5	YES	5
9	0.74	144	106.6	15.5	6.90	24.6	YES	4
10	0.65	144	93.6	15.7	6.90	24.1	YES	4
11	0.56	144	80.6	15.7	6.90	23.8	YES	5
12	0.41	144	59.0	15.7	6.90	23.4	YES	7
13	0.3	144	43.2	15.7	6.80	22.3	YES	10
14	0.3	144	43.2	15.6	6.90	23.3	YES	5
15	0.31	144	44.6	15.7	6.90	23.1	YES	5
16	0.38	144	54.7	15.9	6.90	23.0	YES	4
17	0.44	144	63.4	15.9	6.90	23.2	YES	3
18	0.48	144	69.1	15.8	6.90	23.4	YES	3
19	0.51	144	73.4	15.6	6.90	23.8	YES	4
20	0.54	144	77.8	15.3	6.90	24.4	YES	4
21	0.54	144	77.8	15.0	6.90	24.9	YES	3
22	0.55	144	79.2	14.9	6.90	25.1	YES	3
23	0.55	144	79.2	14.7	6.90	25.4	YES	4
24	0.5	144	72.0	14.5	6.90	25.6	YES	3
25	0.45	144	64.8	14.3	6.90	25.8	YES	3
26	0.44	144	63.4	14.2	6.90	26.0	YES	5
27	0.42	144	60.5	14.2	6.90	25.9	YES	4
28	0.4	144	57.6	14.1	6.90	26.0	YES	3
29	0.39	144	56.2	13.9	6.90	26.3	YES	4
30	0.37	144	53.3	13.8	6.90	26.5	YES	3
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<sup>Ⓢ</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350