

OHA - Drinking Water Services - Surface Water Quality Data Form

County:
 Month/Year: Nov-23

Cartridge or Bag Filtration

System Name:		ID#: 41			WTP ID: TP-	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day * [NTU]
1	92.00	69.00	23.00	25.0	0.20	0.20
2	93.00	68.00	25.00	25.0	0.20	0.20
3	77.00	71.00	6.00	25.0	0.22	0.39
4	79.00	71.00	8.00	25.0	0.25	0.25
5	82.00	69.00	13.00	25.0	0.27	0.27
6	86.00	66.00	20.00	25.0	0.32	0.36
7	89.00	65.00	24.00	25.0	0.43	0.47
8	75.00	74.00	1.00	25.0	0.30	0.35
9	75.00	74.00	1.00	25.0	0.30	0.31
10	76.00	74.00	2.00	25.0	0.28	0.30
11	77.00	74.00	3.00	25.0	0.30	0.40
12	77.00	73.00	4.00	25.0	0.33	0.35
13	78.00	73.00	5.00	25.0	0.31	0.38
14	79.00	73.00	6.00	25.0	0.30	0.30
15	79.00	72.00	7.00	25.0	0.29	0.29
16	DNR	DNR	DNR	25.0	DNR	DNR
17	DNR	DNR	DNR	25.0	DNR	DNR
18	80.00	72.00	8.00	25.0	0.29	0.31
19	DNR	DNR	DNR	25.0	DNR	DNR
20	81.00	72.00	9.00	25.0	0.29	0.29
21	82.00	72.00	10.00	25.0	0.29	0.30
22	82.00	71.00	11.00	25.0	0.28	0.30
23	83.00	71.00	12.00	25.0	0.26	0.26
24	84.00	71.00	13.00	25.0	0.25	0.26
25	84.00	71.00	13.00	25.0	0.24	0.25
26	84.00	71.00	13.00	25.0	0.24	0.24
27	84.00	70.00	14.00	25.0	0.24	0.24
28	85.00	70.00	15.00	25.0	0.23	0.23
29	85.00	70.00	15.00	25.0	0.23	0.24
30	86.00	70.00	16.00	25.0	0.24	0.24

<p align="center">Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		<p align="center">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/L? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</p>		<p>PRINTED NAME: MICHAEL O'CONNOR</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 12/10/23</p> <p>PHONE #: (971) 563 5124 CERT #: 3794</p>	

* 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- :

System Name:	ID#: 41	Month/Year:	Nov-23	Giardia Log Inactivation Req'd:
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Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ^c	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^c	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.53	144	76.3	9.7	6.80	34.9	YES	4
2	0.42	144	60.5	10.0	6.80	33.8	YES	5
3	0.34	144	49.0	10.7	6.80	32.0	YES	3
4	0.3	144	43.2	11.2	6.80	30.9	YES	6.5
5	0.26	144	37.4	11.5	6.80	30.2	YES	3
6	0.32	144	46.1	11.5	6.90	31.4	YES	4.5
7	0.35	144	50.4	11.3	6.90	31.9	YES	3
8	0.53	144	76.3	11.0	6.90	33.2	YES	3.5
9	0.51	144	73.4	10.7	6.90	33.8	YES	4
10	0.44	144	63.4	10.3	6.90	34.4	YES	3
11	0.48	144	69.1	10.3	6.90	34.5	YES	3
12	0.51	144	73.4	10.3	6.80	33.5	YES	3
13	0.65	144	93.6	10.3	6.80	34.0	YES	5.5
14	0.62	144	89.3	10.0	6.80	34.5	YES	5.5
15	0.57	144	82.1	9.6	6.80	35.2	YES	3
16	0.54	144	77.8	9.2	6.80	36.0	YES	5
17	0.41	144	59.0	9.1	6.80	35.8	YES	5
18	0.34	144	49.0	9.1	6.80	35.5	YES	5
19	0.28	144	40.3	9.0	6.80	35.5	YES	4
20	0.51	144	73.4	8.9	6.80	36.6	YES	3
21	0.97	144	139.7	8.7	6.80	39.1	YES	3
22	0.9	144	129.6	8.5	6.80	39.3	YES	8
23	0.71	144	102.2	8.3	6.80	38.9	YES	4
24	0.46	144	66.2	8.1	6.80	38.4	YES	5
25	0.49	144	70.6	7.6	6.80	39.8	YES	3
26	0.5	144	72.0	7.2	6.80	40.9	YES	4
27	0.51	144	73.4	6.7	6.80	42.3	YES	6
28	0.52	144	74.9	6.3	6.80	43.5	YES	4
29	0.53	144	76.3	6.1	6.80	44.1	YES	3
30	0.54	144	77.8	6.2	6.80	43.8	YES	3

^c If Cl₂ at entry point < 0.2 mg/L or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th 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