

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Columbia

Cartridge or Bag Filtration

Month/Year: Mar-24

System Name: Marshland		ID#: 41	01449	WTP ID: TP- A		
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ♦ [NTU]
1	DNR	DNR	DNR	25.0	DNR	DNR
2	DNR	DNR	DNR	25.0	DNR	DNR
3	78.00	71.00	7	25.0	0.44	0.43
4	80.00	70.00	10	25.0	0.39	0.40
5	81.00	70.00	11	25.0	0.32	0.34
6	81.00	70.00	11	25.0	0.29	0.29
7	82.00	70.00	12	25.0	0.25	0.26
8	82.00	69.00	13	25.0	0.23	0.24
9	82.00	69.00	13	25.0	0.22	0.23
10	83.00	69.00	14	25.0	0.22	0.22
11	84.00	68.00	16.00	25.0	0.25	0.30
12	85.00	68.00	17.00	25.0	0.24	0.32
13	86.00	68.00	18.00	25.0	0.29	0.30
14	86.00	68.00	18.00	25.0	0.25	0.28
15	86.00	68.00	18.00	25.0	0.23	0.24
16	86.00	67.00	19.00	25.0	0.21	0.22
17	86.00	67.00	19.00	25.0	0.20	0.20
18	86.00	67.00	19.00	25.0	0.19	0.20
19	87.00	67.00	20.00	25.0	0.19	0.19
20	87.00	67.00	20.00	25.0	0.18	0.19
21	87.00	66.00	21.00	25.0	0.20	0.20
22	88.00	66.00	22.00	25.0	0.20	0.20
23	88.00	66.00	22.00	25.0	0.20	0.20
24	89.00	66.00	23.00	25.0	0.19	0.21
25	89.00	66.00	23.00	25.0	0.16	0.17
26	89.00	66.00	23.00	25.0	0.16	0.16
27	89.00	65.00	24.00	25.0	0.15	0.16
28	DNR	DNR	DNR	25.0	DNR	DNR
29	DNR	DNR	DNR	25.0	DNR	DNR
30	DNR	DNR	DNR	25.0	DNR	DNR
31	89.00	64.00	25.00	25.0	0.18	0.19

<b>Cartridge &amp; Bag Filtration</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> 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	
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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: MICAH OLSON	
	SIGNATURE: <i>M Olson</i>	DATE: 4/9/24
	PHONE #: (771) 563 3128	CERT #: 3794

♦ 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:	Marshland	ID#: 41	01449	Month/Year:	Mar-24	Giardia Log Inactivation Req'd:	1.0
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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	0.35	144	50.4	7.1	6.80	40.4	YES	3
2	0.3	144	43.2	6.8	6.80	41.0	YES	4
3	0.65	144	93.6	6.5	6.80	43.5	YES	4
4	0.84	144	121.0	6.1	6.80	45.7	YES	3
5	0.64	144	92.2	6.0	6.90	46.5	YES	4
6	0.49	144	70.6	6.0	6.90	45.8	YES	3
7	0.45	144	64.8	6.1	6.90	45.2	YES	5
8	0.39	144	56.2	6.3	6.90	44.3	YES	5
9	0.34	144	49.0	6.5	6.90	43.5	YES	4
10	0.3	144	43.2	6.6	6.90	43.0	YES	4
11	0.31	144	44.6	6.7	6.90	42.8	YES	4
12	0.32	144	46.1	6.8	6.90	42.6	YES	3.5
13	0.32	144	46.1	6.9	6.90	42.3	YES	3
14	0.33	144	47.5	7.1	6.90	41.8	YES	4
15	0.32	144	46.1	7.4	6.90	40.9	YES	4
16	0.36	144	51.8	7.9	6.90	39.8	YES	3
17	0.44	144	63.4	8.6	6.90	38.4	YES	5
18	0.59	144	85.0	8.9	6.90	38.3	YES	5
19	0.56	144	80.6	9.0	6.90	37.9	YES	4
20	0.55	144	79.2	9.2	6.90	37.4	YES	4
21	0.52	144	74.9	9.2	6.80	36.0	YES	4
22	0.5	144	72.0	9.2	6.80	35.9	YES	5
23	0.5	144	72.0	9.3	6.80	35.7	YES	5
24	0.49	144	70.6	9.3	6.80	35.6	YES	4
25	0.47	144	67.7	9.2	6.80	35.8	YES	3
26	0.44	144	63.4	9.2	6.80	35.7	YES	3
27	0.45	144	64.8	9.3	6.80	35.5	YES	4
28	0.4	144	57.6	9.2	6.80	35.5	YES	7
29	0.36	144	51.8	9.1	6.80	35.6	YES	6
30	0.31	144	44.6	9.1	6.80	35.4	YES	4
31	0.33	144	47.5	9.4	6.80	34.8	YES	4

<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:  
[dup\\_dmce@state.or.us](mailto:dup_dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350