

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Columbia

Cartridge or Bag Filtration

Month/Year: Apr-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	75.00	72.00	3.00	25.0	0.21	0.22
2	76.00	72.00	4.00	25.0	0.20	0.20
3	77.00	72.00	5.00	25.0	0.19	0.19
4	77.00	72.00	5.00	25.0	0.18	0.18
5	DNR	DNR	DNR	25.0	DNR	DNR
6	DNR	DNR	DNR	25.0	DNR	DNR
7	78.00	72.00	6.00	25.0	0.20	0.21
8	78.00	72.00	6.00	25.0	0.18	0.19
9	78.00	71.00	7.00	25.0	0.19	0.20
10	79.00	71.00	8.00	25.0	0.18	0.18
11	80.00	71.00	9.00	25.0	0.18	0.18
12	80.00	70.00	10.00	25.0	0.18	0.18
13	80.00	70.00	10.00	25.0	0.18	0.18
14	81.00	70.00	11.00	25.0	0.17	0.22
15	82.00	70.00	12.00	25.0	0.18	0.19
16	82.00	69.00	13.00	25.0	0.17	0.18
17	82.00	69.00	13.00	25.0	0.17	0.17
18	83.00	69.00	14.00	25.0	0.17	0.18
19	83.00	68.00	15.00	25.0	0.18	0.19
20	84.00	68.00	16.00	25.0	0.18	0.18
21	85.00	68.00	17.00	25.0	0.17	0.18
22	85.00	67.00	18.00	25.0	0.17	0.17
23	86.00	67.00	19.00	25.0	0.17	0.17
24	88.00	67.00	21.00	25.0	0.17	0.17
25	90.00	65.00	25.00	25.0	0.21	0.21
26	DNR	DNR	DNR	25.0	DNR	DNR
27	DNR	DNR	DNR	25.0	DNR	DNR
28	76.00	71.00	5.00	25.0	0.16	0.19
29	77.00	71.00	6.00	25.0	0.16	0.22
30	78.00	71.00	7.00	25.0	0.17	0.22
31						

<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	
--	--	---	--

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: 5/10/24
PHONE #: 921 563 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:

Apr-24

Giardia Log  
Inactivation Req'd:

1.0

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	0.6	144	86.4	9.4	6.80	35.8	YES	4
2	0.53	144	76.3	9.5	6.80	35.3	YES	4
3	0.46	144	66.2	9.4	6.80	35.3	YES	4
4	0.4	144	57.6	9.3	6.80	35.3	YES	3
5	0.36	144	51.8	9.2	6.80	35.3	YES	5
6	0.33	144	47.5	9.1	6.80	35.5	YES	3
7	0.31	144	44.6	9.0	6.80	35.6	YES	4
8	0.3	144	43.2	8.9	6.80	35.8	YES	3
9	0.32	144	46.1	9.0	6.80	35.6	YES	3
10	0.33	144	47.5	9.2	6.80	35.2	YES	7
11	0.54	144	77.8	9.5	6.80	35.4	YES	7
12	0.6	144	86.4	9.9	6.80	34.7	YES	8
13	0.64	144	92.2	10.2	6.80	34.2	YES	5
14	0.66	144	95.0	10.4	6.90	35.0	YES	4
15	0.55	144	79.2	10.2	6.90	35.0	YES	3.5
16	0.47	144	67.7	10.1	6.90	34.9	YES	5
17	0.46	144	66.2	9.8	6.90	35.6	YES	3.5
18	0.5	144	72.0	10.0	6.90	35.3	YES	7
19	0.51	144	73.4	10.1	6.90	35.1	YES	6
20	0.54	144	77.8	10.2	6.90	35.0	YES	4
21	0.54	144	77.8	10.2	6.90	35.0	YES	3.5
22	0.53	144	76.3	10.1	6.90	35.2	YES	5
23	0.51	144	73.4	10.1	6.90	35.1	YES	5
24	0.5	144	72.0	10.2	6.90	34.8	YES	4
25	0.46	144	66.2	10.1	6.90	34.9	YES	5
26	0.42	144	60.5	10.3	6.90	34.3	YES	3.5
27	0.37	144	53.3	10.4	6.90	33.9	YES	4
28	0.34	144	49.0	10.5	6.90	33.6	YES	3.5
29	0.33	144	47.5	10.0	6.90	34.6	YES	4
30	0.3	144	43.2	9.8	6.90	35.0	YES	5
31								

<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