

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Columbia**

Cartridge or Bag Filtration

Month/Year: **Jun-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	84.00	67.00	17.00	25.0	0.19	0.20		
2	84.00	66.00	18.00	25.0	0.18	0.20		
3	DNR	DNR	DNR	25.0	DNR	DNR		
4	DNR	DNR	DNR	25.0	DNR	DNR		
5	DNR	DNR	DNR	25.0	DNR	DNR		
6	85.00	65.00	20.00	25.0	0.21	0.21		
7	76.00	71.00	5.00	25.0	0.18	0.20		
8	77.00	70.00	7.00	25.0	0.17	0.18		
9	78.00	70.00	8.00	25.0	0.16	0.17		
10	79.00	70.00	9.00	25.0	0.16	0.18		
11	79.00	70.00	9.00	25.0	0.17	0.18		
12	79.00	69.00	10.00	25.0	0.16	0.16		
13	79.00	69.00	10.00	25.0	0.15	0.16		
14	80.00	69.00	11.00	25.0	0.15	0.19		
15	81.00	69.00	12.00	25.0	0.15	0.16		
16	81.00	69.00	12.00	25.0	0.14	0.15		
17	81.00	69.00	12.00	25.0	0.15	0.15		
18	81.00	68.00	13.00	25.0	0.15	0.15		
19	81.00	68.00	13.00	25.0	0.15	0.16		
20	82.00	68.00	14.00	25.0	0.15	0.15		
21	82.00	68.00	14.00	25.0	0.15	0.15		
22	83.00	68.00	15.00	25.0	0.14	0.15		
23	83.00	68.00	15.00	25.0	0.14	0.14		
24	83.00	67.00	16.00	25.0	0.14	0.16		
25	84.00	67.00	17.00	25.0	0.14	0.14		
26	85.00	67.00	18.00	25.0	0.14	0.15		
27	85.00	67.00	18.00	25.0	0.14	0.15		
28	85.00	67.00	18.00	25.0	0.14	0.14		
29	85.00	66.00	19.00	25.0	0.13	0.14		
30	86.00	66.00	20.00	25.0	0.14	0.16		

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 daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ 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: 7-9-24 PHONE #: (971) 563-3128 CERT #: 3784	

* 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: Jun-24	Giardia Log Inactivation Req'd: 1.0
-------------------------------	----------------------	---------------------------	--

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) [Ⓢ]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [Ⓢ]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.3	144	43.2	12.1	6.80	29.2	YES	4
2	0.46	144	66.2	12.1	6.80	29.7	YES	5
3	0.42	144	60.5	12.0	6.80	29.8	YES	4
4	0.4	144	57.6	12.2	6.90	30.3	YES	4
5	0.39	144	56.2	12.4	6.80	29.0	YES	5
6	0.61	144	87.8	12.2	6.80	30.0	YES	3
7	0.54	144	77.8	12.4	6.80	29.4	YES	9
8	0.33	144	47.5	12.7	6.80	27.3	YES	9
9	0.3	144	43.2	13.0	6.80	26.7	YES	4
10	0.29	144	41.8	13.5	6.80	25.8	YES	7
11	0.46	144	66.2	13.2	6.80	26.8	YES	4
12	0.53	144	76.3	13.1	6.90	28.2	YES	5
13	0.58	144	83.5	13.1	6.90	28.4	YES	4
14	0.73	144	105.1	13.1	6.90	28.9	YES	4
15	0.91	144	131.0	13.0	6.90	29.7	YES	3
16	0.83	144	119.5	12.9	6.90	29.6	YES	4
17	0.69	144	99.4	12.8	6.80	28.3	YES	4
18	0.56	144	80.6	12.3	6.90	30.7	YES	4
19	0.41	144	59.0	12.8	6.90	28.4	YES	3
20	0.3	144	43.2	13.5	6.90	26.8	YES	4
21	0.34	144	49.0	13.8	6.90	26.4	YES	4
22	0.43	144	61.9	13.8	6.90	26.6	YES	4
23	0.56	144	80.6	13.7	6.90	27.2	YES	5
24	0.59	144	85.0	14.1	6.80	25.6	YES	4
25	0.6	144	86.4	14.3	6.80	25.3	YES	5
26	0.53	144	76.3	14.3	6.80	25.1	YES	4
27	0.41	144	59.0	14.2	6.80	24.9	YES	5
28	0.38	144	54.7	14.2	6.80	24.8	YES	4
29	0.34	144	49.0	14.2	6.80	24.7	YES	4
30	0.38	144	54.7	14.7	6.80	24.0	YES	5

[Ⓢ] 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