

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Columbia**

Cartridge or Bag Filtration

Month/Year: **Mar-26**

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	86.00	66.00	20.00	25.0	0.04	0.05
2	87.00	65.00	22.00	25.0	0.04	0.05
3	89.00	65.00	24.00	25.0	0.05	0.05
4	79.00	72.00	7.00	25.0	0.05	0.06
5	80.00	72.00	8.00	25.0	0.06	0.06
6	81.00	72.00	9.00	25.0	0.05	0.06
7	81.00	71.00	10.00	25.0	0.05	0.07
8	82.00	71.00	11.00	25.0	0.05	0.06
9	82.00	70.00	12.00	25.0	0.06	0.06
10	83.00	70.00	13.00	25.0	0.06	0.07
11	84.00	69.00	15.00	25.0	0.06	0.40
12	86.00	69.00	17.00	25.0	0.20	0.50
13	87.00	68.00	19.00	25.0	0.67	0.71
14	89.00	68.00	21.00	25.0	0.55	0.95
15	90.00	67.00	23.00	25.0	0.21	0.33
16	92.00	67.00	25.00	25.0	0.13	0.18
17	76.00	73.00	3.00	25.0	0.08	0.12
18	77.00	73.00	4.00	25.0	0.07	0.08
19	77.00	72.00	5.00	25.0	0.06	0.07
20	77.00	72.00	5.00	25.0	0.06	0.07
21	78.00	72.00	6.00	25.0	0.06	0.06
22	78.00	72.00	6.00	25.0	0.06	0.06
23	78.00	72.00	6.00	25.0	0.06	0.07
24	78.00	71.00	7.00	25.0	0.06	0.07
25	79.00	71.00	8.00	25.0	0.06	0.07
26	79.00	69.00	10.00	25.0	0.07	0.07
27	80.00	69.00	11.00	25.0	0.06	0.07
28	81.00	69.00	12.00	25.0	0.05	0.06
29	82.00	68.00	14.00	25.0	0.05	0.06
30	84.00	67.00	17.00	25.0	0.05	0.06
31	85.00	66.00	19.00	25.0	0.05	0.05

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>Micah Olson</i> DATE: 4-9-26 PHONE #: (971) 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-26	Giardia Log Inactivation Req'd: 1.0
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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	0.49	144	70.6	8.0	7.35	47.0	YES	F
2	0.5	144	72.0	8.1	7.36	46.9	YES	F
3	0.51	144	73.4	8.3	7.35	46.2	YES	F
4	0.51	144	73.4	8.5	7.36	45.7	YES	F
5	0.52	144	74.9	8.6	7.38	45.8	YES	F
6	0.51	144	73.4	8.7	7.39	45.6	YES	F
7	0.52	144	74.9	8.8	7.41	45.7	YES	15
8	0.52	144	74.9	9.1	7.43	45.1	YES	13
9	0.51	144	73.4	9.0	7.37	44.4	YES	10
10	0.48	144	69.1	8.8	7.35	44.5	YES	10
11	0.44	144	63.4	8.7	7.35	44.6	YES	10
12	0.42	144	60.5	8.5	7.31	44.5	YES	11
13	0.39	144	56.2	8.4	7.29	44.3	YES	11
14	0.37	144	53.3	8.2	7.28	44.6	YES	14
15	0.55	144	79.2	8.5	7.23	43.9	YES	14
16	0.7	144	100.8	8.8	7.18	43.0	YES	10
17	0.68	144	97.9	8.9	7.17	42.4	YES	11
18	0.64	144	92.2	9.0	7.17	42.0	YES	11
19	0.61	144	87.8	9.0	7.16	41.7	YES	10
20	0.59	144	85.0	9.1	7.15	41.2	YES	11
21	0.58	144	83.5	9.2	7.15	40.9	YES	10
22	0.58	144	83.5	9.2	7.14	40.7	YES	10
23	0.66	144	95.0	9.2	7.14	41.1	YES	10
24	0.71	144	102.2	9.1	7.14	41.6	YES	10
25	0.65	144	93.6	9.1	7.15	41.5	YES	10
26	0.6	144	86.4	9.0	7.17	41.8	YES	11
27	0.51	144	73.4	8.9	7.18	41.8	YES	10
28	0.45	144	64.8	9.0	7.18	41.2	YES	10
29	0.48	144	69.1	8.8	7.20	42.2	YES	11
30	0.51	144	73.4	8.8	7.22	42.7	YES	10
31	0.55	144	79.2	8.9	7.23	42.7	YES	10

[Ⓢ] 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