

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	Coos
Cartridge or Bag Filtration						Month/Year:	Apr-21
System Name:	Country Club Estates			ID#: 41	01501	WTP ID: TP-	B
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day 1 [NTU]	
1	16.00	16.00	0.00		0.34		
2	16.00	16.00	0.00		0.26		
3	16.00	16.00	0.00		0.35		
4	16.00	16.00	0.00		0.36		
5	16.00	16.00	0.00		0.61		
6	16.00	16.00	0.00		0.69		
7	16.00	16.00	0.00		0.63		
8	16.00	16.00	0.00		0.62		
9	16.00	16.00	0.00		0.58		
10	16.00	16.00	0.00		0.42		
11	16.00	16.00	0.00		0.41		
12	16.00	16.00	0.00		0.48		
13	16.00	16.00	0.00		0.68		
14	16.00	16.00	0.00		0.43		
15	16.00	16.00	0.00		0.63		

16	16.00	16.00	0.00		0.63	
17	16.00	16.00	0.00		0.55	
18	16.00	16.00	0.00		0.51	
19	16.00	16.00	0.00		0.40	
20	16.00	16.00	0.00		0.38	
21	16.00	16.00	0.00		0.36	
22	16.00	16.00	0.00		0.37	
23	16.00	16.00	0.00		0.44	
24	16.00	16.00	0.00		0.53	
25	16.00	16.00	0.00		0.33	
26	16.00	16.00	0.00		0.62	
27	16.00	16.00	0.00		0.52	
28	16.00	16.00	0.00		0.46	
29	16.00	16.00	0.00		0.38	
30	16.00	16.00	0.00		0.42	
31						
Cartridge & Bag Filtration					Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU?				YES	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 5 NTU?				YES	YES	YES
Notes: PSI = pounds per square inch					PRINTED NAME: Mark Merry	

PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE: Electronic Submittal	DATE: 5/03/21
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.	PHONE #: (503) 812-7320	CERT #: T-5204

1 Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not

correspond to continuous readings' maximum.

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OHA - Drinking Water Services - Surface Water Quality Data Form							WTP- :	B
System Name:	Country Club Estates	ID#: 41	01501	Month/Year:	Dec-20	Disinfection Giardia Log Inactiv:	1	
Date / Time	Minimum Cl ₂ Residual before or at 1st User (C) 2	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? 2	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.4	340	136.0	9.7	7.10	38.1	YES	7.5
2	0.4	340	136.0	9.8	7.10	37.9	YES	7.5
3	0.6	340	204.0	10.3	7.30	40.2	YES	7.5
4	0.6	340	204.0	11.0	7.30	38.4	YES	7.5
5	0.6	340	204.0	10.5	7.30	39.6	YES	7.5
6	0.6	340	204.0	10.8	7.40	40.3	YES	7.5
7	0.6	340	204.0	10.9	7.40	40.0	YES	7.5

8	0.8	340	272.0	11.0	7.40	40.6	YES	7.5
9	0.6	340	204.0	10.7	7.40	40.5	YES	7.5
10	0.6	340	204.0	11.0	7.40	39.7	YES	7.5
11	0.6	340	204.0	10.4	7.40	41.3	YES	7.5
12	0.6	340	204.0	10.8	7.30	38.9	YES	7.5
13	0.6	340	204.0	11.5	7.30	37.2	YES	7.5
14	0.6	340	204.0	11.6	7.20	35.7	YES	7.5
15	0.6	340	204.0	11.8	7.30	36.4	YES	7.5
16	0.6	340	204.0	12.1	7.40	37.0	YES	7.5
17	0.6	340	204.0	12.0	7.30	36.0	YES	7.5
18	0.6	340	204.0	12.3	7.40	36.5	YES	7.5
19	0.4	340	136.0	12.7	7.30	33.1	YES	7.5
20	0.4	340	136.0	13.0	7.30	32.5	YES	7.5
21	0.4	340	136.0	12.8	7.40	34.2	YES	7.5
22	0.6	340	204.0	13.0	7.50	35.8	YES	7.5
23	0.6	340	204.0	13.0	7.00	29.7	YES	7.5
24	0.6	340	204.0	13.2	7.40	34.0	YES	7.5
25	0.6	340	204.0	12.9	7.40	34.7	YES	7.5
26	0.7	340	238.0	12.7	7.40	35.6	YES	7.5
27	0.6	340	204.0	12.6	7.50	36.8	YES	7.5

28	1	340	340.0	13.2	7.60	38.3	YES	7.5
29	1.2	340	408.0	13.5	7.50	37.1	YES	7.5
30	1	340	340.0	13.3	7.50	36.7	YES	7.5
31		340						7.5

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

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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