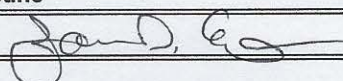


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Lane  
 Month/Year: 22-Nov  
 WTP: TP - A

System Name: Row River Valley Water District ID#: 41 01515

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	0.03	0.03	0.03	0.03	0.03	0.03	0.03
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
5	0.03	0.03	0.04	0.04	0.04	0.03	0.04
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	0.03	0.03	0.03
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.03	0.03	0.03	0.03
10	0.03	0.04	0.04	0.04	0.04	0.03	0.04
11	0.03	0.03	0.03	0.03	0.03	0.03	0.03
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.03	0.03	0.03
15	0.03	0.03	0.03	0.04	0.04	0.04	0.04
16	0.04	0.04	0.04	0.05	0.05	0.04	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	James D Eckstine		
	SIGNATURE: 		Dec 6, 22
	541-946-1655		

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.



OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: : A  
 Disinfection *Giardia* Log Inactiv: 1.0

System Name: Row River Vally Water Dis ID#: 41 01515 Month/Year: 22-Nov

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.66	1185	1967.1	11.0	7.22	42.0	YES	300
2	1.68	1185	1990.8	9.0	7.26	48.8	YES	300
3	1.69	1185	2002.7	8.0	7.22	51.4	YES	300
4	1.78	1185	2109.3	8.0	7.20	51.6	YES	300
5	1.72	1185	2038.2	8.0	7.28	52.7	YES	300
6	1.67	1185	1979.0	8.0	7.28	52.4	YES	300
7	1.73	1185	2050.1	8.0	7.32	53.6	YES	300
8	2.05	1185	2429.3	8.0	7.29	55.0	YES	300
9	2.07	1185	2453.0	8.0	7.31	55.5	YES	300
10	2.11	1185	2500.4	8.0	7.33	56.2	YES	300
11	2.07	1185	2453.0	7.0	7.31	59.4	YES	300
12	2.08	1185	2464.8	7.0	7.26	58.4	YES	300
13	1.93	1185	2287.1	66.0	7.21	0.4	YES	300
14	1.91	1185	2263.4	6.0	7.21	60.2	YES	290
15	1.86	1185	2204.1	5.0	7.19	63.6	YES	290
16	1.88	1185	2227.8	5.0	7.18	63.5	YES	290
17	1.9	1185	2251.5	5.0	7.18	63.6	YES	290
18	1.87	1185	2216.0	5.0	7.19	63.6	YES	290
19	1.84	1185	2180.4	4.0	7.22	68.6	YES	290
20	1.89	1185	2239.7	4.0	7.20	68.6	YES	290
21	1.91	1185	2263.4	4.0	7.18	68.2	YES	290
22	1.86	1185	2204.1	4.0	7.21	68.6	YES	290
23	1.83	1185	2168.6	5.0	7.25	64.7	YES	290
24	1.84	1185	2180.4	5.0	7.17	63.0	YES	290
25	1.91	1185	2263.4	5.0	7.19	63.9	YES	290
26	1.99	1185	2358.2	5.0	7.16	63.8	YES	290
27	1.93	1185	2287.1	6.0	7.18	59.7	YES	290
28	1.9	1185	2251.5	7.0	7.17	55.4	YES	290
29	1.93	1185	2287.1	6.0	7.19	59.9	YES	290
30	1.93	1185	2287.1	6.0	7.20	60.1	YES	290

<sup>3</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 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