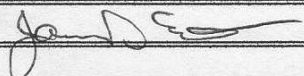


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lane**
 Month/Year: **23-Mar**
 WTP: **TP - A**

System Name:	Row River Valley Water District ID#: 41 01515						WTP: TP - A	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [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	0.03	0.03	0.03	0.03	0.03	
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	0.03	0.03	0.03	0.03	0.03	0.03	
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	0.03	0.03	0.03	0.03	
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
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	
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03	

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> 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="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: 		Mar-23
	541-946-1655		

¹ 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. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP-: A

System Name: Row River Vally Water Dis ID#: 41 01515 Month/Year: 23-Mar

Disinfection *Giardia* Log Inactiv: 1.0

	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.27	1185	1505.0	4.0	7.17	63.1	YES	300
2	1.25	1185	1481.3	4.0	7.16	62.7	YES	300
3	1.25	1185	1481.3	4.0	7.22	64.1	YES	300
4	1.23	1185	1457.6	6.0	7.25	56.4	YES	300
5	1.31	1185	1552.4	5.0	7.22	60.3	YES	300
6	1.28	1185	1516.8	5.0	7.18	59.2	YES	300
7	1.25	1185	1481.3	4.0	7.15	62.5	YES	300
8	1.21	1185	1433.9	5.0	7.14	57.9	YES	300
9	1.2	1185	1422.0	4.0	7.18	62.8	YES	300
10	1.15	1185	1362.8	5.0	7.24	59.6	YES	300
11	1.2	1185	1422.0	5.0	7.27	60.6	YES	300
12	1.25	1185	1481.3	6.0	7.29	57.4	YES	300
13	1.32	1185	1564.2	7.0	7.32	54.6	YES	300
14	1.3	1185	1540.5	6.0	7.37	59.4	YES	290
15	1.42	1185	1682.7	6.0	7.32	59.1	YES	290
16	1.5	1185	1777.5	6.0	7.29	59.1	YES	290
17	1.58	1185	1872.3	6.0	7.27	59.2	YES	290
18	1.44	1185	1706.4	6.0	7.28	58.4	YES	290
19	1.39	1185	1647.2	6.0	7.27	57.9	YES	290
20	1.35	1185	1599.8	7.0	7.34	55.2	YES	290
21	1.38	1185	1635.3	7.0	7.29	54.4	YES	290
22	1.29	1185	1528.7	7.0	7.26	53.3	YES	290
23	1.3	1185	1540.5	6.0	7.26	57.1	YES	290
24	1.27	1185	1505.0	6.0	7.25	56.7	YES	290
25	1.31	1185	1552.4	5.0	7.27	61.4	YES	290
26	1.3	1185	1540.5	5.0	7.24	60.6	YES	290
27	1.34	1185	1587.9	5.0	7.20	60.1	YES	290
28	1.39	1185	1647.2	5.0	7.17	59.7	YES	290
29	1.37	1185	1623.5	5.0	7.20	60.3	YES	290
30	1.36	1185	1611.6	5.0	7.17	59.5	YES	290
31	1.34	1185	1587.9	6.0	7.18	55.7	YES	290

³ 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