

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

County: **Jackson**
 Month/Year: **Feb-26**

System Name: **Hiland WC - Shady Cove** ID#: **41 01520** WTP : TP - **A1(Westech)**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day [NTU]
2/1/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/2/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/3/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/4/2026	OFF	SEASONALLY OFFLINE				OFF	OFF
2/5/2026	OFF					OFF	OFF
2/6/2026	OFF					OFF	OFF
2/7/2026	OFF					OFF	OFF
2/8/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/9/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/10/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/11/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/12/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/13/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/14/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/15/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/16/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/17/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/18/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/19/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/20/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/21/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/22/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/23/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/24/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/25/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/26/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/27/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2/28/2026	OFF	OFF	OFF	OFF	OFF	OFF	OFF

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p>
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<p>Notes:</p>	<p>PRINTED NAME: Curtis Olson</p>	
	<p>Signature: <i>Curtis Olson</i></p>	<p>DATE: 03/07/2026</p>
	<p>PHONE #: (503)-554-8333</p>	<p>CERT #: T-216644</p>

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

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OHA - Drinking Water Services - Surface Water Quality Data Form				WTP - : A1	
System Name: Hiland WC - Shady Cove			ID#: 41 01520	Month/Year: Dec-24	
				Disinfection Giardia Log Inactive: 1.0	

Date / Time	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]
2/1/2026	OFF							
2/2/2026	OFF							
2/3/2026	OFF							
2/4/2026	OFF							
2/5/2026	OFF		SEASONALLY OFFLINE					
2/6/2026	OFF							
2/7/2026	OFF							
2/8/2026	OFF							
2/9/2026	OFF							
2/10/2026	OFF							
2/11/2026	OFF							
2/12/2026	OFF							
2/13/2026	OFF							
2/14/2026	OFF							
2/15/2026	OFF							
2/16/2026	OFF							
2/17/2026	OFF							
2/18/2026	OFF							
2/19/2026	OFF							
2/20/2026	OFF							
2/21/2026	OFF							
2/22/2026	OFF							
2/23/2026	OFF							
2/24/2026	OFF							
2/25/2026	OFF							
2/26/2026	OFF							
2/27/2026	OFF							
2/28/2026	OFF							

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