

OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	A
System Name: Hiland WC - Shady Cove						ID#: 41 01520	Month/Year: Feb-21
						Disinfection <i>Giardia</i> 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]
01	2.10	46	96.5	11.9	7.10	39.8	Yes	120
02	1.68	46	77.1	11.5	7.10	39.1	Yes	120
03	2.00	46	92.0	12.0	7.10	39.3	Yes	120
04	2.35	46	108.1	11.4	7.10	42.4	Yes	120
05	2.20	46	101.0	11.2	7.10	42.2	Yes	120
06	2.22	46	102.2	11.5	7.10	41.4	Yes	120
07	2.15	46	98.8	11.6	7.10	41.0	Yes	120
08	2.03	46	93.3	10.8	7.10	42.5	Yes	120
09	2.02	46	92.9	11.1	7.10	41.7	Yes	120
10	1.88	46	86.3	11.1	7.10	41.1	Yes	120
11	1.96	46	90.2	9.8	7.10	45.2	Yes	120
12	1.88	46	86.6	10.0	7.10	44.1	Yes	120
13	1.31	46	60.5	11.6	7.10	37.3	Yes	120
14	1.03	46	47.5	11.6	7.10	36.2	Yes	120
15	1.16	46	53.5	12.0	7.10	35.8	Yes	120
16	2.20	46	101.4	12.0	7.10	40.1	Yes	120
17	2.13	46	98.2	12.0	7.10	39.9	Yes	120
18	1.75	46	80.6	11.5	7.10	39.4	Yes	120
19	2.34	46	107.4	11.9	7.10	41.1	Yes	120
20	2.35	46	108.0	11.9	7.10	41.1	Yes	120
21	2.09	46	96.0	12.3	7.10	38.9	Yes	120
22	1.75	46	80.5	11.8	7.10	38.6	Yes	120
23	1.76	46	80.8	12.0	7.10	38.2	Yes	120
24	1.25	46	57.3	12.1	7.10	35.9	Yes	120
25	1.43	46	66.0	11.9	7.10	37.1	Yes	120
26	1.37	46	62.9	12.0	7.10	36.5	Yes	120
27	1.36	46	62.4	12.2	7.10	36.1	Yes	120
28	1.38	46	63.5	11.8	7.10	37.2	Yes	120

³ 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