

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

County: **Jackson**
 Month/Year: **Nov-22**

System Name: **Hiland WC - Shady Cove** ID#: **41 01520** 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]
01	0.11	0.08	0.09	0.06	0.06	0.06	0.11
02	0.08	0.07	0.07	0.06	0.06	0.06	0.08
03	0.08	0.07	0.07	0.06	0.05	0.06	0.08
04	0.07	0.07	0.07	0.06	0.04	0.06	0.07
05	0.07	0.06	0.06	0.07	0.06	0.06	0.07
06	0.07	0.06	0.06	0.06	0.06	0.06	0.07
07	0.06	0.06	0.06	0.06	0.07	0.06	0.07
08	0.06	0.06	0.05	0.06	0.06	0.08	0.08
09	0.07	0.06	0.05	0.07	0.07	0.06	0.07
10	0.07	0.06	0.06	0.07	0.07	0.06	0.07
11	0.06	0.06	0.06	0.06	0.07	0.06	0.07
12	0.07	0.07	0.06	0.07	0.08	0.07	0.08
13	0.05	0.06	0.06	0.07	0.06	0.07	0.07
14	0.06	0.06	0.07	0.07	0.07	0.06	0.07
15	0.06	0.05	0.04	0.05	0.05	0.05	0.06
16	0.05	0.05	0.05	0.06	0.06	0.05	0.06
17	0.05	0.05	0.05	0.04	0.06	0.05	0.06
18	0.05	0.09	0.09	0.14	0.14	0.05	0.14
19	0.04	0.06	0.04	0.05	0.06	0.09	0.09
20	0.08	0.08	0.05	0.05	0.06	0.10	0.10
21	0.06	0.08	0.08	0.07	0.11	0.11	0.11
22	0.05	0.06	0.05	0.06	0.06	0.06	0.06
23	0.05	0.06	0.06	0.05	0.06	0.06	0.06
24	0.05	0.05	0.05	0.06	0.06	0.06	0.06
25	0.05	0.05	0.05	0.06	0.06	0.06	0.06
26	0.00	0.00	0.00	0.00	0.05	0.00	0.05
27	0.00	0.00	0.00	0.00	0.29	0.00	0.29
28	0.00	0.00	0.00	0.00	0.00	0.07	0.07
29	0.06	0.06	0.00	0.00	0.00	0.00	0.06
30	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Monthly Summary (Answer Yes or No) CT's met everyday? (see <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No) All Cl2 residual at entry point <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
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Notes:	PRINTED NAME: Aaron Olson
	SIGNATURE: <i>Aaron Olson</i> DATE: 12-6-22
	PHONE #: (971) 554-8333 CERT #: T-09128

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))

OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	A
System Name: Hiland WC - Shady Cove						Disinfection Giardia Log	
ID#: 41 01520			Month/Year: Nov-22			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	1.48	46	67.9	12.0	7.20	38.4	Yes	120
02	1.51	46	69.6	11.9	7.20	38.6	Yes	120
03	1.54	46	71.0	11.6	7.20	39.7	Yes	120
04	1.30	46	59.8	11.8	7.15	37.5	Yes	120
05	1.09	46	50.0	12.0	7.15	36.1	Yes	120
06	1.13	46	52.1	11.9	7.15	36.5	Yes	120
07	1.33	46	61.0	12.4	7.15	36.2	Yes	120
08	1.30	46	59.7	12.8	7.15	34.6	Yes	120
09	1.33	46	61.2	13.2	7.15	33.7	Yes	120
10	1.28	46	58.9	13.1	7.15	33.8	Yes	120
11	1.35	46	62.2	12.8	7.15	34.8	Yes	120
12	1.28	46	58.9	13.4	7.15	33.1	Yes	120
13	1.95	46	89.7	12.8	7.15	37.3	Yes	120
14	1.81	46	83.1	12.7	7.10	36.2	Yes	120
15	1.86	46	85.6	12.8	7.10	36.1	Yes	120
16	2.26	46	104.0	12.9	7.10	37.6	Yes	120
17	2.07	46	95.2	12.8	7.10	36.9	Yes	120
18	2.12	46	97.5	12.6	7.10	37.8	Yes	120
19	2.16	46	99.4	12.4	7.10	39.0	Yes	120
20	2.15	46	98.9	12.1	7.10	39.6	Yes	120
21	2.17	46	99.8	12.3	7.10	39.3	Yes	120
22	2.11	46	97.1	12.4	7.10	38.6	Yes	120
23	2.21	46	101.7	13.3	7.10	36.4	Yes	120
24	2.27	46	104.4	13.2	7.10	36.9	Yes	120
25	2.31	46	106.3	12.9	7.10	37.6	Yes	120
26	2.15	46	98.9	13.4	7.10	35.8	Yes	120
27	2.37	46	109.0	13.3	7.10	37.1	Yes	120
28	2.28	46	104.9	13.3	7.10	36.5	Yes	120
29	2.34	46	107.6	12.9	7.10	37.8	Yes	120
30	2.26	46	104.0	13.1	7.10	37.1	Yes	120

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