

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

County: **Jackson**
 Month/Year: **Oct-23**

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]
10/1/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/2/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/3/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/4/2023	OFF	SEASONALLY OFFLINE				OFF	OFF
10/5/2023	OFF					OFF	OFF
10/6/2023	OFF					OFF	OFF
10/7/2023	OFF					OFF	OFF
10/8/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/9/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/10/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/11/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/12/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/13/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/14/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/15/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/16/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/17/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/18/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/19/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/20/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/21/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/22/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/23/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/24/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/25/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/26/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/27/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/28/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/29/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/30/2023	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10/31/2023							

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes/No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes/No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="radio"/> Yes/No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see All Cl2 residual at entry point) <input checked="" type="radio"/> Yes/No</p>
<p>Notes:</p>	
<p>PRINTED NAME: JJ Olson</p>	
<p>Signature: <i>Jeffrey Olson</i></p>	<p>DATE: 11/07/23</p>
<p>PHONE #: (503)-554-8333</p>	<p>CERT #: T-766039</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))

OHA - Drinking Water Services - Surface Water Quality Data Form				WTP - : A1	
System Name: Hiland WC - Shady Cove			ID#: 41 01520	Month/Year: Sep-23	
				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]
9/1/2023	OFF							
9/2/2023	OFF							
9/3/2023	OFF							
9/4/2023	OFF							
9/5/2023	OFF							
9/6/2023	OFF							
9/7/2023	OFF							
9/8/2023	OFF							
9/9/2023	OFF							
9/10/2023	OFF							
9/11/2023	OFF							
9/12/2023	OFF							
9/13/2023	OFF							
9/14/2023	OFF							
9/15/2023	OFF							
9/16/2023	OFF							
9/17/2023	OFF							
9/18/2023	OFF							
9/19/2023	OFF							
9/20/2023	OFF							
9/21/2023	OFF							
9/22/2023	OFF							
9/23/2023	OFF							
9/24/2023	OFF							
9/25/2023	OFF							
9/26/2023	OFF							
9/27/2023	OFF							
9/28/2023	OFF							
9/29/2023	OFF							
9/30/2023	OFF							

SEASONALLY OFFLINE

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
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