

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

County: **Jackson**
 Month/Year: **Jan-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]
1/1/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/2/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/3/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/4/2024	OFF	SEASONALLY OFFLINE				OFF	OFF
1/5/2024	OFF					OFF	OFF
1/6/2024	OFF					OFF	OFF
1/7/2024	OFF					OFF	OFF
1/8/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/9/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/10/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/11/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/12/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/13/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/14/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/15/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/16/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/17/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/18/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/19/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/20/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/21/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/22/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/23/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/24/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/25/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/26/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/27/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/28/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/29/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/30/2024	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/31/2024	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>CFs met everyday? (see back) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>All Ciz 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: JJ Olson</p>	
	<p>Signature: <i>Jeffrey Olson</i></p>	<p>DATE: 02/09/24</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: Jan-24	
				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]
1/1/2024	OFF							
1/2/2024	OFF							
1/3/2024	OFF							
1/4/2024	OFF		SEASONALLY OFFLINE					
1/5/2024	OFF							
1/6/2024	OFF							
1/7/2024	OFF							
1/8/2024	OFF							
1/9/2024	OFF							
1/10/2024	OFF							
1/11/2024	OFF							
1/12/2024	OFF							
1/13/2024	OFF							
1/14/2024	OFF							
1/15/2024	OFF							
1/16/2024	OFF							
1/17/2024	OFF							
1/18/2024	OFF							
1/19/2024	OFF							
1/20/2024	OFF							
1/21/2024	OFF							
1/22/2024	OFF							
1/23/2024	OFF							
1/24/2024	OFF							
1/25/2024	OFF							
1/26/2024	OFF							
1/27/2024	OFF							
1/28/2024	OFF							
1/29/2024	OFF							
1/30/2024	OFF							
1/31/2024	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