

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

County: **Jackson**  
 Month/Year: **Jan-25**

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]
1/1/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/2/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/3/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/4/2025	OFF	<b>SEASONALLY OFFLINE</b>				OFF	OFF
1/5/2025	OFF					OFF	OFF
1/6/2025	OFF					OFF	OFF
1/7/2025	OFF					OFF	OFF
1/8/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/9/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/10/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/11/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/12/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/13/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/14/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/15/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/16/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/17/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/18/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/19/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/20/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/21/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/22/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/23/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/24/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/25/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/26/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/27/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/28/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/29/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/30/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF
1/31/2025	OFF	OFF	OFF	OFF	OFF	OFF	OFF

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p>95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>
--	---

<p><b>Notes:</b></p>	<p><b>PRINTED NAME: JJ Olson</b></p>	
	<p>Signature: <i>Jeffrey Olson</i></p>	<p>DATE: 2/08/2025</p>
	<p>PHONE #: (503)-554-8333</p>	<p>CERT #: T-766039</p>

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

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

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1/1/2025	OFF							
1/2/2025	OFF							
1/3/2025	OFF							
1/4/2025	OFF		<b>SEASONALLY OFFLINE</b>					
1/5/2025	OFF							
1/6/2025	OFF							
1/7/2025	OFF							
1/8/2025	OFF							
1/9/2025	OFF							
1/10/2025	OFF							
1/11/2025	OFF							
1/12/2025	OFF							
1/13/2025	OFF							
1/14/2025	OFF							
1/15/2025	OFF							
1/16/2025	OFF							
1/17/2025	OFF							
1/18/2025	OFF							
1/19/2025	OFF							
1/20/2025	OFF							
1/21/2025	OFF							
1/22/2025	OFF							
1/23/2025	OFF							
1/24/2025	OFF							
1/25/2025	OFF							
1/26/2025	OFF							
1/27/2025	OFF							
1/28/2025	OFF							
1/29/2025	OFF							
1/30/2025	OFF							
1/31/2025	OFF							

<sup>3</sup> If Cl<sub>2</sub> 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