

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Coos

Cartridge or Bag Filtration

Month/Year: Jan. 2021

System Name:   ID#: 41 WTP ID: TP-

Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1					0.9	.9
2					0.3	.3
3					.29	.29
4	75	40	35	25	.6	.4
5		change			.9	.9
6	75	60	15	25	.9	.9
7		<del>change</del>			.8	.8
8					.6	.6
9					.4	.4
10					.4	.4
11					.2	.2
12	75	46	29	25	.2	.2
13		change			.6	.6
14					.6	.6
15					.6	.6
16					.6	.6
17					.6	.6
18	75	45	30	25	.6	.6
19		change			.3	.3
20					.6	.6
21					.6	.6
22	75	49	24	25	.3	.3
23		change			.38	.38
24					.55	.55
25					.6	.6
26	75	45	30	25	.4	.4
27		change			.3	.3
28					.2	.2
29					.2	.2
30					.4	.4
31					.48	.48

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.

PRINTED NAME: James PINSOL

SIGNATURE: [Signature] DATE: 2/2/21

PHONE #: (541) 269-6321 CERT #: 703796

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

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System Name: Belloni Boys Ranch ID#: 41 -05592 WTP- A					Month/Year: <u>Jan 2021</u>	
					Disinfection <u>virus</u> Log 4 Inactiv:	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temperature	Required CT (see bottom table - value is based on temperature)	Required CT Met? <sup>2</sup>
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No
1	.8	148	118.4	8	8	Y
2	1.6	148	88.8	9	8	Y
3	1.5	148	74	9	8	Y
4	.4	148	59.2	9	8	Y
5	7.7	148	103.6	9	8	Y
6	.7	148	103.6	9	8	Y
7	.5	148	74	8	8	Y
8	.4	148	59.2	8	8	Y
9	.2	148	29.6	8	8	Y
10	.3	148	44.4	8	8	Y
11	.2	148	0.9	8	8	Y
12	2.4	148	414.4	9	8	Y
13	.4	148	59.2	10	6	Y
14	.4	148	59.2	10	6	Y
15	.4	148	59.2	9	8	Y
16	.3	148	6.8	9	8	Y
17	.4	148	59.2	9	8	Y
18	.2	148	14.8	9	8	Y
19	2.2	148	29.6	9	8	Y
20	.5	148	74	9	8	Y
21	.3	148	44.4	9	8	Y
22	2.7	148	1026	8	8	Y
23	.3	148	44.4	9	8	Y
24	.4	148	59.2	9	8	Y
25	2.2	148	14.8	7	8	Y
26	.6	148	88.8	7	8	Y
27	1.1	148	162.8	6	8	Y
28	1.5	148	222	6	8	Y
29	1.4	148	207.2	7	8	Y
30	.8	148	118.4	8	8	Y
31	.3	148	44.4	8	8	Y

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or the CT not met, notify DWS within 24 hours.

Required CT for viral inactivation (for pH range of 6.0 to 9.9)						
Temp (C°)	0 -4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 -24.9	≥ 25.0 C
Required CT	12	8	6	4	3	2

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