

## OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Coos

Month/Year: Sept. 2021

System Name:			ID#	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 [NTU]
1					0.022	0.022
2	75	49	26		0.022	0.022
3					0.022	0.022
4					0.021	0.021
5					0.025	0.025
6					0.022	0.022
7					0.022	0.022
8					0.031	0.031
9					0.022	0.022
10					0.028	0.028
11					0.022	0.022
12					0.028	0.028
13					0.028	0.028
14					0.025	0.025
15					0.027	0.027
16					0.021	0.021
17					0.021	0.021
18					0.036	0.036
19					0.022	0.022
20					0.021	0.021
21	75	50	25		0.048	0.048
22					0.206	0.206
23					0.048	0.048
24	75	50	25		0.062	0.062
25					0.044	0.044
26					0.036	0.036
27					0.030	0.030
28					0.028	0.028
29	75	50	25		0.088	0.088
30					0.088	0.088
31					0.088	0.088

## Cartridge &amp; Bag Filtration

95% of daily turbidity readings  $\leq$  1 NTU?

Yes No

All daily turbidity readings  $\leq$  5 NTU?

Yes No

## Monthly Summary (Answer Yes or No)

CT's met everyday?  
(see back)

Yes No

All Cl<sub>2</sub> residual at entry point  $\geq$  0.2 mg/l?

Yes 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:

SIGNATURE:

DATE: 10/5/21

PHONE #: (541) 269-0321

CERT #: T-08796

D-08796

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

# OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Belloni Boys Ranch				ID#: 41-04592	WTP- A	Month/Year: <b>Sept. 2021</b>	
				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	0.3	148	44.4	5	4	Y
2	0.2	148	29.6	14	6	Y
3	0.3	148	44.4	15	4	Y
4	0.2	148	29.6	16	4	Y
5	0.2	148	29.6	16	4	Y
6	0.3	148	44.4	15	4	Y
7	0.3	148	44.4	15	4	Y
8	0.3	148	44.4	15	4	Y
9	0.3	148	44.4	15	4	Y
10	0.3	148	44.4	15	4	Y
11	0.3	148	44.4	15	4	Y
12	0.2	148	29.6	15	4	Y
13	0.2	148	29.6	15	4	Y
14	0.2	148	29.6	14	6	Y
15	0.2	148	29.6	15	4	Y
16	0.2	148	29.6	14	6	Y
17	0.2	148	29.6	14	6	Y
18	0.2	148	29.6	14	6	Y
19	0.2	148	29.6	14	6	Y
20	0.2	148	29.6	14	6	Y
21	0.2	148	29.6	14	6	Y
22	0.2	148	29.6	14	6	Y
23	0.2	148	29.6	14	6	Y
24	0.2	148	29.6	14	6	Y
25	0.2	148	29.6	14	6	Y
26	0.2	148	29.6	14	6	Y
27	0.2	148	29.6	15	6	Y
28	0.2	148	29.6	14	6	Y
29	0.2	148	29.6	14	6	Y
30	0.3	148	44.4	13	6	Y
31	0.2	148	29.6	14	6	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