

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Coos County

Cartridge or Bag Filtration

Month/Year:

Feb, 2022

System Name: BOB BELLONI RANCH ID#:41-05592 WTP ID: A TP - For Davis Creek

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					0.019	0.019
2					0.019	0.019
3					0.019	0.019
4					0.020	0.020
5					0.022	0.022
6					0.023	0.023
7					0.019	0.019
8					0.020	0.020
9					0.019	0.019
10					0.019	0.019
11					0.019	0.019
12					0.023	0.023
13					0.019	0.019
14					0.024	0.024
15					0.128	0.128
16					0.029	0.029
17					0.020	0.020
18					0.020	0.020
19					0.020	0.020
20					0.021	0.021
21					0.025	0.025
22					0.020	0.020
23					0.020	0.020
24					0.021	0.021
25					0.019	0.019
26					0.020	0.020
27					0.022	0.022
28					0.020	0.020
29						
30						
31						

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU?

Yes /  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

Yes /  No

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:

Jim PINSON

SIGNATURE:

*Jim Pinson*

DATE:

3/1/22

PHONE #:

(541) 769 0321

CERT #:

F-08796  
D-08796

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - A

System Name: BOB BELLONI RANCH ID#: 41 05592 Month/Year: Feb. 2022 Disinfection Virus Log Inactiv: 4

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
date - hh:mm	[ppm or mg/L]	[minutes]	C X T	[° C]	Table #1 Values	Table #1 Values <sup>3</sup>	Yes / No	[GPM]
1	0.8	148	118.4	6	8.1	12.0	Y	
2	0.8	148	118.4	6	8.1	12.0	Y	
3	0.8	148	118.4	6	8.0	12.0	Y	
4	0.7	148	103.6	6	8.1	12.0	Y	
5	0.9	148	133.2	6	8.0	12.0	Y	
6	0.6	148	88.8	6	7.9	12.0	Y	
7	0.4	148	59.2	7	8.0	12.0	Y	
8	0.9	148	133.2	7	8.0	12.0	Y	
9	0.7	148	103.6	7	8.0	12.0	Y	
10	0.4	148	59.2	7	8.0	12.0	Y	
11	0.3	148	44.4	8	8.0	12.0	Y	
12	0.2	148	29.6	7	8.0	12.0	Y	
13	0.6	148	88.8	7	7.9	12.0	Y	
14	0.4	148	59.2	8	8.0	12.0	Y	
15	0.7	148	103.6	7	8.0	12.0	Y	
16	0.2	148	29.6	7	8.0	12.0	Y	
17	0.6	148	88.8	7	8.1	12.0	Y	
18	0.6	148	88.8	7	7.8	12.0	Y	
19	0.2	148	29.6	7	7.9	12.0	Y	
20	0.2	148	29.6	7	7.9	12.0	Y	
21	0.5	148	79	7	8.0	12.0	Y	
22	0.7	148	103.6	6	8.0	12.0	Y	
23	0.8	148	118.4	6	8.0	12.0	Y	
24	1.3	148	192.4	5	8.2	12.0	Y	
25	0.7	148	103.6	5	8.2	12.0	Y	
26	0.8	148	118.4	5	8.0	12.0	Y	
27	1.2	148	177.6	5	8.0	12.0	Y	
28	1.0	148	148	8	8.2	12.0	Y	
29		148				12.0		
30		148				12.0		
31		148				12.0		

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

<sup>3</sup> Given the actual contact time of 148 min and minimum Chlorine concentration (0.2 mg/l), system is using a required virus CT of 12 minutes in every row.

Temp (C°)	0.0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 - 24.9	≥25.0 C°
Required CT	12.0	8.0	6.0	4.0	3.0	2.0

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