

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Coos County

Cartridge or Bag Filtration

Month/Year:

April 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					0.025	0.025
3					0.019	0.019
4					0.019	0.019
5					0.062	0.062
6					0.021	0.021
7					0.019	0.019
8					0.021	0.021
9					0.021	0.021
10					0.019	0.019
11	75	58	25	25	0.019	0.019
12					0.021	0.021
13					0.019	0.019
14					0.022	0.022
15					0.021	0.021
16					0.019	0.019
17					0.018	0.018
18					0.019	0.019
19					0.019	0.019
20					0.019	0.019
21					0.019	0.019
22					0.022	0.022
23					0.023	0.023
24					0.020	0.020
25					0.022	0.022
26					0.019	0.019
27					0.020	0.020
28					0.019	0.019
29					0.019	0.019
30					0.019	0.019
31					0.019	0.019

Cartridge & Bag Filtration Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <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: Jim Pinson  
 SIGNATURE: *Jim Pinson* DATE: 5/3/22  
 PHONE #: (541) 269 0321 CERT #: T-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

System Name: BOB BELLONI RANCH							ID#: 41 05592		Month/Year:		WTP - A													
Date / Time							Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>		Contact Time (T)		Actual CT		Temp		pH		Required CT		Disinfection Virus Log Inactv: 4		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	0.9	148	133.2	9	7.6	12.0	Y																	
2	0.9	148	133.2	9	7.6	12.0	Y																	
3	1.0	148	148	9	7.6	12.0	Y																	
4	0.6	148	88.8	9	7.6	12.0	Y																	
5	0.8	148	118.4	9	7.6	12.0	Y																	
6	0.7	148	103.6	8	7.6	12.0	Y																	
7	0.7	148	103.6	9	7.6	12.0	Y																	
8	0.3	148	44.4	10	7.6	12.0	Y																	
9	0.7	148	103.6	10	7.6	12.0	Y																	
10	0.5	148	74	9	7.6	12.0	Y																	
11	0.4	148	59.2	8	7.6	12.0	Y																	
12	0.7	148	103.6	8	7.6	12.0	Y																	
13	0.3	148	44.4	7	7.6	12.0	Y																	
14	0.7	148	103.6	7	7.6	12.0	Y																	
15	0.7	148	103.6	8	7.6	12.0	Y																	
16	0.3	148	44.4	8	7.6	12.0	Y																	
17	1.0	148	148	8	7.6	12.0	Y																	
18	0.6	148	88.8	8	7.6	12.0	Y																	
19	0.7	148	103.6	7	7.6	12.0	Y																	
20	0.7	148	103.6	8	7.6	12.0	Y																	
21	1.1	148	162.8	8	7.6	12.0	Y																	
22	0.7	148	103.6	8	7.6	12.0	Y																	
23	1.1	148	162.8	9	7.6	12.0	Y																	
24	0.7	148	103.6	9	7.6	12.0	Y																	
25	0.8	148	118.4	9	7.6	12.0	Y																	
26	0.8	148	118.4	9	7.6	12.0	Y																	
27	0.8	148	118.4	9	7.6	12.0	Y																	
28	1.1	148	162.8	9	7.6	12.0	Y																	
29	0.8	148	118.4	9	7.6	12.0	Y																	
30	0.5	148	74	10	7.6	12.0	Y																	
31	0.9	148	103.6	10	7.6	12.0	Y																	

<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