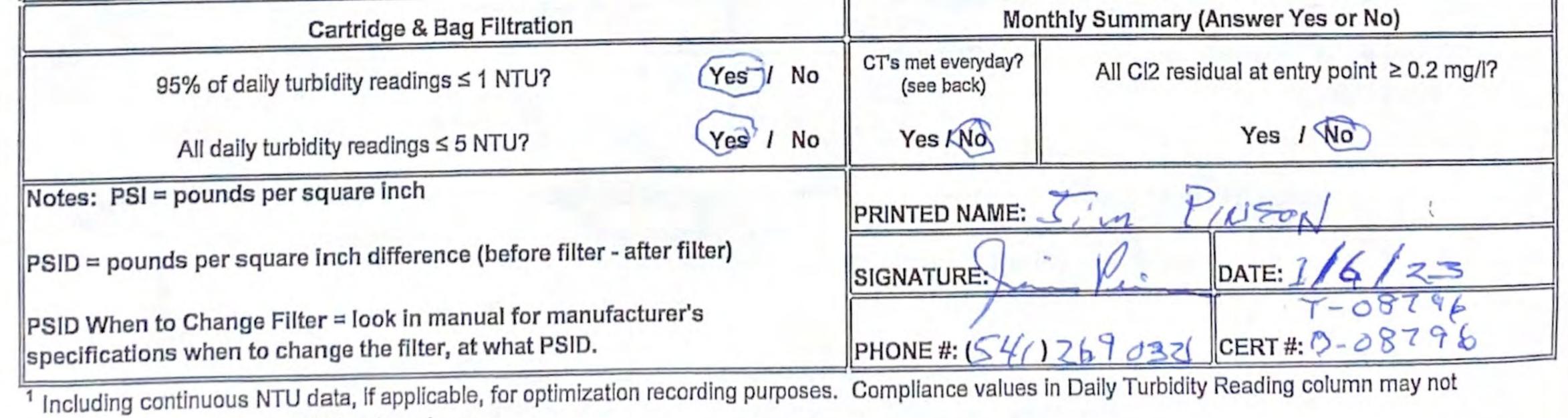
| OHA - | Drinking Wate | er Services - S | urface Wa | ter Quality Da | ata Form | County: | Coos County |
|---|-------------------|------------------|---------------|-------------------------------|--|-----------|---------------------------------------|
| | (| Month/Year: | December 2022 | | | | |
| System Name: BOB BELLONI RANCH ID#:41-05592 | | | | | -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 ¹ [NTU] |
| 1 | | | | | | On the | 21st, our syste |
| 2 | | | | | | was bro | ought back |
| 3 | | | | | | online | |
| 4 | | | | | ~ | lising | hauled Water |
| 5 | | | | | | from C | 005 Bay - North |
| 6 | | | | | | Rend W | later board. |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | 4 | | | |
| 15 | - She | | ja ja | | C.S.S. | | |
| 16 | | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
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| 21 | | | | | | | |
| 22 | | | | | | | |
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| 27 | | | | | | _ | |
| 28 | | | | | | - | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |



correspond to continuous readings' maximum.

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| | OHA - Drin | king Water Ser | vices - Surfa | ce Water Qua | ality Data Form | | WTP - | A |
|--------------------------------|---|---------------------|---------------|--------------|-----------------|-----------------------------------|-----------|-------------------------------|
| System Name: BOB BELLONI RANCH | | ID#: 41 05592 | | | | Disinfection Virus Log Inactv: | 4 | |
| Date / Time | Minimum Cl ₂ Residual at 1st User (C) ² | Contact Time (T) | Actual CT | Temp | pH | Required CT | CT Met? 2 | Peak Hourly Demand Flow |
| date - hh:mm | [ppm or mg/L] | [minutes] | CXT | [° C] | Table #1 Values | Table #1 Values ³ | Yes / No | [GPM] |
| 1 | 6.4 | 148 | 947.2 | 7 | 0.7 | 12.0 | Yes | |
| 2 | 6.2 | 148 | 917.6 | 7 | 4.1 | 12.0 | yes | |
| 3 | 6.4 | 148 | 947.2 | 7 | 8.1 | 12.0 | Yes | |
| 4 | 6.8 | 148 | 1.006.4 | 7 | 8.1 | 12.0 | Yes | |
| 5 | 6.8 | 148 | 1,006.4 | 7 | 8.1 | 12.0 | 485 | |
| 6 | 6.5 | 148 | 962 | 7 | 80 | 12.0 | Yes | |
| 7 | 6.9 | 148 | 1.021.2 | 7 | 87 | 12.0 | Yes | |
| 8 | 7.0 | 148 | 1,036 | 7 | 8.3 | 12.0 | Yes | |
| 9 | 6.7 | 148 | 1.021.2 | 7 | 8.2 | 12.0 | Yes | |
| 10 | 4.7 | 148 | 991.4 | 7 | 8.2 | 12.0 | Yes | |
| 11 | 6.7 | 148 | 991.6 | 8 | 8.2 | 12.0 | 1yes | |
| 12 | 6.9 | 148 | 991.6 | 9 | 8.2 | 12.0 | ues | |
| 13 | 6.5 | 148 | 962 | 8 | 8 | 12.0 | Res | |
| 14 | 6.7 | 148 | 991.6 | 8 | 8.2 | 12.0 | 423 | |
| 15 | 6.7 | 148 | 941.6 | 8 | 8.2 | 12.0 | Oyes | |
| · 16 | 6.6 | 148 | 976.8 | 7 | 8.2 | 12.0 | Yes | |
| 17 | 6.5 | 148 | 962 | 7 | 8.2 | 12.0 | Yes | |
| 18 | 6.4 | 148 | 947.2 | 8 | 8.1 | 12.0 | Yes | |
| 19 | 6.4 | 148 | 947.2 | 8, | 8.2 | 12.0 | Yes | |
| 20 | 6.3 | 148 | 932.4 | 8 | 8.2 | 12.0 | Yes | |
| 21 | 3.1 | 148 | 458.8 | 7 | 8.2 | 12.0 | Yes | |
| 22 | 8.7 | 148 | 103.6 | 8 | 8.0 | 12.0 | Yes | |
| 23 | 0.8 | 148 | 118.4 | 8 | 7.9 | 12.0 | Yes | |
| 24 | 0.9 | 148 | 133,2 | 8 | 7.9 | 12.0 | Yes | |
| 25 | 1.0 | 148 | 148 | 9 | 8.0 | 12.0 | Yes | |
| 26 | 1.1 | 148 | 162.8 | 10 | 7.8 | 12.0 | Yes | |
| 27 | 1.2 | 148 | 177.6 | 10 | 7.5 | 12.0 | 785 | |
| 28 | 1.2 | 148 | 177.6 | /1 | 7.2 | 12.0 | Yes | |
| 29 | 1.1 | 148 | 162.8 | 10 | 7.9 | 12.0 | Yes | |
| 30 | D. | 148 | 0 | 11 | 7.8 | 12.0 | No | |
| 31 | 2 | 148 | 0 | 11 | 7.8 | 12.0 | NO | |

² If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

³ 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.

| Table #1-Required CT for viral inactivation (for pH range of 6.0 to 9.9) | | | | | | | | | |
|--|-----------|-----------|-------------|-------------|-----------|----------|--|--|--|
| 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

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