

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Coos County  
 Month/Year: February, 2023  
 TP - For Davis Creek

Cartridge or Bag Filtration

System Name: BOB BELLONI RANCH ID#:41-05592 WTP ID: A

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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Still on hauled water for all of February, water system remaining offline.

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / <input checked="" 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 / <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> 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: 3/7/23  
 PHONE #: (541) 269-0380 CERT #: T-08796  
 P-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.

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WTP - A  
Disinfection Virus Log Inactv: 4

System Name: BOB BELLONI RANCH		ID#: 41 05592		Month/Year:			Disinfection Virus Log Inactv: 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	6.7	148	991.6	5	7.9	12.0	Yes	
2	6.6	148	976.8	5	7.7	12.0	Yes	
3	6.5	148	962	5	8.0	12.0	Yes	
4	6.6	148	976.8	6	8.0	12.0	Yes	
5	6.7	148	991.6	6	8.1	12.0	Yes	
6	6.8	148	1,006.4	6	8.1	12.0	Yes	
7	6.8	148	1,006.4	7	7.9	12.0	Yes	
8	6.8	148	1,006.4	7	8.0	12.0	Yes	
9	6.8	148	1,006.4	7	8.1	12.0	Yes	
10	6.5	148	962	8	7.9	12.0	Yes	
11	6.5	148	962	8	7.9	12.0	Yes	
12	6.6	148	976.8	7	8.0	12.0	Yes	
13	6.6	148	976.8	7	8.0	12.0	Yes	
14	6.8	148	1,006.4	7	8.0	12.0	Yes	
15	6.8	148	1,006.4	6	8.2	12.0	Yes	
16	6.8	148	1,006.4	6	8.2	12.0	Yes	
17	6.8	148	1,006.4	6	8.2	12.0	Yes	
18	6.9	148	1,021.2	6	8.2	12.0	Yes	
19	6.9	148	1,021.2	6	8.2	12.0	Yes	
20	7.0	148	1,036	6	8.2	12.0	Yes	
21	7.0	148	1,036	6	8.2	12.0	Yes	
22	6.5	148	962	7	8.2	12.0	Yes	
23	6.5	148	962	7	8.2	12.0	Yes	
24	7.1	148	1,050.8	5	8.0	12.0	Yes	
25	7.1	148	1,050.8	5	8.0	12.0	Yes	
26	7.2	148	1,065.6	5	8.0	12.0	Yes	
27	7.3	148	1,080.4	5	8.0	12.0	Yes	
28	7.2	148	1,065.6	5	8.2	12.0	Yes	
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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350