


OHA - Drinking Water Services - Surface Water Quality Data Form

County: Lane

Cartridge or Bag Filtration

Month/Year: March 2023

System Name:  ID#: 41 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 <sup>1</sup> [NTU]
1	30.00	29.00	1.00	25.00	0.57	0.63
2	NO CAMPERS		#VALUE!	25.00		
3	NO CAMPERS		#VALUE!	25.00		
4	NO CAMPERS		#VALUE!			
5	NO CAMPERS		#VALUE!			
6	NO CAMPERS		#VALUE!			
7	NO CAMPERS		#VALUE!			
8	NO CAMPERS		#VALUE!			
9	NO CAMPERS		#VALUE!			
10	NO CAMPERS		#VALUE!			
11	NO CAMPERS		#VALUE!			
12	NO CAMPERS		#VALUE!			
13	NO CAMPERS		#VALUE!			
14	NO CAMPERS		#VALUE!			
15	NO CAMPERS		#VALUE!			
16	NO CAMPERS		#VALUE!			
17	NO CAMPERS		#VALUE!			
18	NO CAMPERS		#VALUE!			
19	NO CAMPERS		#VALUE!			
20	NO CAMPERS		#VALUE!			
21	NO CAMPERS		#VALUE!			
22	NO CAMPERS		#VALUE!			
23	NO CAMPERS		#VALUE!			
24	NO CAMPERS		#VALUE!			
25	NO CAMPERS		#VALUE!			
26	NO CAMPERS		#VALUE!			
27	NO CAMPERS		#VALUE!			
28	NO CAMPERS		#VALUE!			
29	NO CAMPERS		#VALUE!			
30	NO CAMPERS		#VALUE!			
31	NO CAMPERS		#VALUE!			

**Cartridge & Bag Filtration**

**Monthly Summary (Answer Yes or No)**

95% of daily turbidity readings ≤ 1 NTU? **Yes**  
 All daily turbidity readings ≤ 5 NTU? **Yes**

CT's met everyday? (see back) **Yes / No**  
 All Cl2 residual at entry point ≥ 0.2 mg/l? **Yes**

**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: Clayton Willbroad**

**SIGNATURE: Clayton Willbroad**

**DATE: 3/31/23**

**PHONE #: ( )**

**CERT #:**

<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- :

System Name:

ID#: 41

Month/Year:

Disinfection  
Giardia Log Inactiv:

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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
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	2.8	26	72.8	5.1	7.00	65.8	YES	
2		26						
3		26						
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<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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