

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Lane

Cartridge or Bag Filtration

Month/Year: April 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 ¹ [NTU]
1	no Camps		#VALUE!	25.00		
2	no Camps		#VALUE!	25.00		
3	no Camps		#VALUE!	25.00		
4	no Camps		#VALUE!			
5	no Camps		#VALUE!			
6	no Camps		#VALUE!			
7	no Camps		#VALUE!			
8	no Camps		#VALUE!			
9	no Camps		#VALUE!			
10	no Camps		#VALUE!			
11	no Camps		#VALUE!			
12	no Camps		#VALUE!			
13	no Camps		#VALUE!			
14	30.00	28.00	2.00	25.00	0.67	0.81
15	no Camps		#VALUE!			
16	no Camps		#VALUE!			
17	no Camps		#VALUE!			
18	no Camps		#VALUE!			
19	no Camps		#VALUE!			
20	no Camps		#VALUE!			
21	no Camps		#VALUE!			
22	no Camps		#VALUE!			
23	no Camps		#VALUE!			
24	no Camps		#VALUE!			
25	no Camps		#VALUE!			
26	no Camps		#VALUE!			
27	no Camps		#VALUE!			
28	no Camps		#VALUE!			
29	no Camps		#VALUE!			
30	no Camps		#VALUE!			
31						

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes	CT's met everyday? (see back) Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All daily turbidity readings ≤ 5 NTU? 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 W Willbroad	
	SIGNATURE: CWW	DATE: 4-30-23
	PHONE #: (541)-822-3511	CERT #:

¹ 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:**

1

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
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14	1.7	32	54.4	1.2	6.00	52.5	YES	
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

² If Cl₂ 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