



OHA - Drinking Water Services - Surface Water Quality Data Form

County: lane

Cartridge or Bag Filtration

Month/Year: August 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	30.00	28.00	#REF!	20.00	0.18	0.20
2	30	28.00	2.00	20.00	0.17	0.18
3	30.00	28.00	2.00	20.00	0.14	0.15
4	30.00	28.00	2.00	20.00	0.13	0.14
5	30.00	28.00	2.00	20.00	0.12	0.12
6	30.00	28.00	2.00	20.00	0.10	0.11
7	30.00	28.00	2.00	20.00	0.09	0.11
8	30.00	28.00	2.00	20.00	0.08	0.09
9	30.00	28.00	2.00	20.00	0.07	0.07
10	30.00	28.00	2.00	20.00	0.06	0.07
11	30.00	28.00	2.00	20.00	0.06	0.06
12	30.00	28.00	2.00	20.00	0.07	0.07
13	30.00	28.00	2.00	20.00	0.07	0.08
14	30.00	28.00	2.00	20.00	0.08	0.09
15	30.00	28.00	2.00	20.00	0.08	0.09
16	30.00	28.00	2.00	20.00	0.08	0.08
17	Evacuated	due	to	fire		
18	Evacuated	due	to	fire		
19	"			"		
20	"			"		
21	"			"		
22	"			"		
23	"			"		
24	"			"		
25	"			"		
26	"			"		
27	"			"		
28	"			"		
29	"			"		
30	"			"		
31	"			"		
Cartridge & Bag Filtration					Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?					Yes	CT's met everyday? (see back)
All daily turbidity readings ≤ 5 NTU?					Yes	Yes
All Cl2 residual at entry point ≥ 0.2 mg/l?					Yes	Yes
Notes: PSI = pounds per square inch					PRINTED NAME: Clayton Willbroad	
PSID = pounds per square inch difference (before filter - after filter)					SIGNATURE: Clayton Willbroad	
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.					DATE: 8-31-23	
					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 <i>Giardia</i> Log Inactiv:	1
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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	2.2	26	57.2	14.1	7.30	37.1	YES	
2	2.2	26	57.2	14.1	7.30	37.1	YES	
3	2.2	26	57.2	14.2	7.30	36.8	YES	
4	2.1	26	54.6	14.2	7.30	36.4	YES	
5	2	26	52.0	14.1	7.30	36.2	YES	
6	2	26	52.0	14.1	7.30	36.2	YES	
7	2	26	52.0	14.0	7.30	36.5	YES	
8	2	26	52.0	13.8	7.30	37.0	YES	
9	2.1	26	54.6	14.3	7.30	36.2	YES	
10	2	26	52.0	14.2	7.30	36.0	YES	
11	1.9	26	49.4	14.0	7.30	36.1	YES	
12	1.8	26	46.8	13.9	7.30	35.9	YES	
13	1.7	26	44.2	13.9	7.30	35.5	YES	
14	1.6	26	41.6	14.0	7.20	33.6	YES	
15	1.6	26	41.6	14.1	7.20	33.4	YES	
16	1.5	26	39.0	14.1	7.20	33.0	YES	
17		26						
18		26						
19		26						
20		26						
21		26						
22		26						
23		26						
24		26						
25		26						
26		26						
27		26						
28		26						
29		26						
30		26						
31		26						

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