

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Iane**

Cartridge or Bag Filtration

Month/Year: **September 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	Evacuated		#REF!			
2	Evacuated		#VALUE!			
3	Evacuated		#VALUE!			
4	Evacuated		#VALUE!			
5	Evacuated		#VALUE!			
6	Evacuated		#VALUE!			
7	Evacuated		#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!	20.00		
14	No campers		#VALUE!	20.00		
15	30.00	28.00	2.00	20.00	0.27	0.30
16	30.00	28.00	2.00	20.00	0.40	0.41
17	30.00	28.00	2.00	20.00	0.45	0.52
18	No campers		#VALUE!	20.00		
19	No campers		#VALUE!	20.00		
20	No campers		#VALUE!	20.00		
21	30.00	28.00	2.00	20.00	0.68	0.71
22	30.00	28.00	2.00	20.00	0.48	0.53
23	30.00	28.00	2.00	20.00	0.42	0.59
24	30.00	27.00	3.00	20.00	0.41	0.49
25	No campers		#VALUE!	20.00		
26	No campers		#VALUE!	20.00		
27	No campers		#VALUE!	20.00		
28	No campers		#VALUE!	20.00		
29	No campers		#VALUE!	20.00		
30	No campers		#VALUE!	20.00		
31				20.00		

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

<b>Notes: PSI = pounds per square inch</b> <b>PSID = pounds per square inch difference (before filter - after filter)</b> <b>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</b>	<b>PRINTED NAME:</b> clayton willbroad	
	<b>SIGNATURE:</b> Clayton Willbroad	<b>DATE:</b> 9-30-23
	<b>PHONE #:</b> ( 541)822-3511	<b>CERT #:</b>

<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.

**OHA - Drinking Water Services - Surface Water Quality Data Form**

WTP: :

**System Name:**

**ID#: 41**

**Month/Year:**

**Sept 2023**

**Disinfection  
Giardia Log Inactiv:**

**1**

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	Evacuated		#VALUE!			#VALUE!	#VALUE!	
2	Evacuated		#VALUE!			#VALUE!	#VALUE!	
3	Evacuated		#VALUE!			#VALUE!	#VALUE!	
4	Evacuated		#VALUE!			#VALUE!	#VALUE!	
5	Evacuated		#VALUE!			#VALUE!	#VALUE!	
6	Evacuated		#VALUE!			#VALUE!	#VALUE!	
7	Evacuated		#VALUE!			#VALUE!	#VALUE!	
8	no campers		#VALUE!			#VALUE!	#VALUE!	
9	no campers		#VALUE!			#VALUE!	#VALUE!	
10	no campers		#VALUE!			#VALUE!	#VALUE!	
11	no campers		#VALUE!			#VALUE!	#VALUE!	
12	no campers		#VALUE!			#VALUE!	#VALUE!	
13	No campers	26	#VALUE!			#VALUE!	#VALUE!	
14	No campers	26	#VALUE!			#VALUE!	#VALUE!	
15	2.2	26	57.2	14.7	7.20	34.3	YES	
16	2.1	26	54.6	14.5	7.20	34.4	YES	
17	1.7	26	44.2	14.1	7.00	31.3	YES	
18	No campers	26	#VALUE!			#VALUE!	#VALUE!	
19	No campers	26	#VALUE!			#VALUE!	#VALUE!	
20	No campers	26	#VALUE!			#VALUE!	#VALUE!	
21	1.5	26	39.0	14.0	7.10	32.0	YES	
22	1.5	26	39.0	13.2	7.20	35.0	YES	
23	1.5	26	39.0	13.1	7.10	34.0	YES	
24	1.5	26	39.0	13.0	7.20	35.5	YES	
25	No campers	26	#VALUE!			#VALUE!	#VALUE!	
26	No campers	26	#VALUE!			#VALUE!	#VALUE!	
27	No campers	26	#VALUE!			#VALUE!	#VALUE!	
28	No campers	26	#VALUE!			#VALUE!	#VALUE!	
29	No campers	26	#VALUE!			#VALUE!	#VALUE!	
30	No campers	26	#VALUE!			#VALUE!	#VALUE!	
31		26						

<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