

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Lane

Cartridge or Bag Filtration

Month/Year: October 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	No Campers		#VALUE!			
2	No Campers		#VALUE!			
3	No Campers		#VALUE!			
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	30.00	28.00	2.00		0.42	0.44
20	30.00	28.00	2.00		0.36	0.43
21	30.00	28.00	2.00		0.33	0.39
22	30.00	27.00	3.00		0.46	0.49
23	30.00	27.00	3.00		0.28	0.29
24	30.00	27.00	3.00		0.27	0.31
25	30.00	27.00	3.00		0.25	0.25
26	30.00	26.00	4.00		0.27	0.30
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	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

<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: Faye Strudler</b>	
	<b>SIGNATURE: Faye Strudler</b>	<b>DATE: 11/10/23</b>
	<b>PHONE #: (541)822-3511</b>	<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:

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	No Campers		#VALUE!			#VALUE!	#VALUE!	
2	No Campers		#VALUE!			#VALUE!	#VALUE!	
3	No Campers		#VALUE!			#VALUE!	#VALUE!	
4	No Campers		#VALUE!			#VALUE!	#VALUE!	
5	No Campers		#VALUE!			#VALUE!	#VALUE!	
6	No Campers		#VALUE!			#VALUE!	#VALUE!	
7	No Campers		#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		#VALUE!			#VALUE!	#VALUE!	
14	No Campers		#VALUE!			#VALUE!	#VALUE!	
15	No Campers		#VALUE!			#VALUE!	#VALUE!	
16	No Campers		#VALUE!			#VALUE!	#VALUE!	
17	No Campers		#VALUE!			#VALUE!	#VALUE!	
18	No Campers		#VALUE!			#VALUE!	#VALUE!	
19	1.7	26	44.2	12.0	7.30	40.7	YES	
20	1.7	26	44.2	12.2	7.40	41.5	YES	
21	1.7	26	44.2	12.3	7.50	42.7	YES	
22	1.8	26	46.8	11.6	7.30	42.2	YES	
23	1.7	26	44.2	12.3	7.30	39.9	YES	
24	1.7	26	44.2	11.6	7.40	43.2	YES	
25	1.8	26	46.8	11.2	7.30	43.3	YES	
26	1.8	26	46.8	10.6	7.40	46.7	YES	
27	No Campers		#VALUE!			#VALUE!	#VALUE!	
28	No Campers		#VALUE!			#VALUE!	#VALUE!	
29	No Campers		#VALUE!			#VALUE!	#VALUE!	
30	No Campers		#VALUE!			#VALUE!	#VALUE!	
31	No Campers		#VALUE!			#VALUE!	#VALUE!	

<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@odhsoha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350