

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Lane

Cartridge or Bag Filtration

Month/Year:

February 2024

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	0.30	0.28	0.02	25.00	0.80	0.80
2	0.30	0.28	0.02	25.00	0.60	0.62
3	0.30	0.28	0.02	25.00	0.55	0.56
4	No Campers		#VALUE!	25.00		
5	No Campers		#VALUE!	25.00		
6	No Campers		#VALUE!	25.00		
7	No Campers		#VALUE!	25.00		
8	No Campers		#VALUE!	25.00		
9	No Campers		#VALUE!	25.00		
10	No Campers		#VALUE!	25.00		
11	No Campers		#VALUE!	25.00		
12	No Campers		#VALUE!	25.00		
13	No Campers		#VALUE!	25.00		
14	No Campers		#VALUE!	25.00		
15	No Campers		#VALUE!	25.00		
16	No Campers		#VALUE!	25.00		
17	No Campers		#VALUE!	25.00		
18	No Campers		#VALUE!	25.00		
19	No Campers		#VALUE!	25.00		
20	No Campers		#VALUE!	25.00		
21	No Campers		#VALUE!	25.00		
22	0.30	0.26	0.04	25.00	0.46	0.49
23	0.30	0.26	0.04	25.00	0.43	0.43
24	0.30	0.26	0.04	25.00	0.35	0.36
25	0.30	0.26	0.04	25.00	0.32	0.34
26	No Campers		#VALUE!	25.00		
27	No Campers		#VALUE!	25.00		
28	No Campers		#VALUE!	25.00		
29	No Campers		#VALUE!	25.00		
30	N/A		#VALUE!	25.00		
31	N/A		#VALUE!	25.00		

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: Faye Strudler
 SIGNATURE: Faye Strudler DATE: 4/5/24
 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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

System Name:	ID#: 41	Month/Year:	Disinfection Giardia 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	2.8	26	72.8	3.8	7.00	71.9	YES	
2	3.3	26	85.8	2.2	7.00	85.2	YES	
3	3.3	26	85.8	2.2	7.00	85.2	YES	
4	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
5	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
6	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
7	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
8	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
9	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
10	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
11	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
12	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
13	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
14	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
15	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
16	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
17	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
18	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
19	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
20	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
21	No Campers	26	#VALUE!			#VALUE!	#VALUE!	
22	2.9	26	75.4	3.4	7.00	74.8	YES	
23	3	26	78.0	3.2	7.00	76.7	YES	
24	3	26	78.0	3.4	6.80	70.3	YES	
25	2.8	26	72.8	3.4	6.80	68.7	YES	
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	N/A	26	#VALUE!			#VALUE!	#VALUE!	
31	N/A	26	#VALUE!			#VALUE!	#VALUE!	

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