


County:	
County:	Lincoln
Month/Year:	Dec-24

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

System Name: 			ID#: 41	WTP ID: TP-		
Day	PSI Before Filter	PSI After Filter	PSID	When to Change	Turbidity Reading	Highest Reading of the day 1 [NTU]
1	40.00	24.00	16.00	25.00	0.31	
2	40.00	23.00	17.00	25.00	0.23	
3	40.00	34.00	6.00	25.00	0.18	
4	40.00	34.00	6.00	25.00	0.20	
5	40.00	32.00	8.00	25.00	0.16	
6	40.00	32.00	8.00	25.00	0.22	
7	40.00	32.00	8.00	25.00	0.19	
8	40.00	31.00	9.00	25.00	0.25	
9	40.00	30.00	10.00	25.00	0.30	
10	40.00	30.00	10.00	25.00	0.24	
11	40.00	29.00	11.00	25.00	0.20	
12	40.00	29.00	11.00	25.00	0.15	
13	40.00	29.00	11.00	25.00	0.07	
14	40.00	28.00	12.00	25.00	0.18	
15	40.00	27.00	13.00	25.00	0.13	
16	40.00	27.00	13.00	25.00	0.21	
17	40.00	25.00	15.00	25.00	0.23	
18	40.00	25.00	15.00	25.00	0.12	
19	40.00	32.00	8.00	25.00	0.05	
20	40.00	29.00	11.00	25.00	0.08	
21	40.00	29.00	11.00	25.00	0.20	
22	40.00	29.00	11.00	25.00	0.11	
23	40.00	28.00	12.00	25.00	0.16	
24	40.00	28.00	12.00	25.00	0.22	
25	40.00	28.00	12.00	25.00	0.20	
26	40.00	27.00	13.00	25.00	0.15	
27	40.00	26.00	14.00	25.00	0.19	
28	40.00	26.00	14.00	25.00	0.09	
29	40.00	26.00	14.00	25.00	0.15	
30	40.00	26.00	14.00	25.00	0.13	
31	40	26	14	25	0.21	
Cartridge & Bag Filtration				Monthly Summary (Answer Yes or No)		
95% of daily turbidity readings ≤ 1 NTU? Yes / No				met everyday? (see b	All Cl2 residual at entry point ≥ 0.2 mg/l?	
All daily turbidity readings ≤ 5 NTU? Yes / No				Yes / No	Yes / No	
Notes: PSI = pounds per square inch				PRINTED NAME: Hayden Long		
PSID = pounds per square inch difference (before filter - after filter)				SIGNATURE:		DATE:01/10/2025
PSID When to Change Filter = look in manual for manufacturer's specification				PHONE #: (916)712-9601		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 In	1
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Date / Time	2 Residual at 1st	Contact Time (T	Actual CT	Temp	pH	Required CT	CT Met? 2	Daily Dema
	[ppm or mg/L]	[minutes]	C X T	[° C]	formula	Yes / No	[GPM]	
1	1.92	26	49.9	8.6	5.45	27.6	YES	
2	1.82	26	47.3	8.8	5.34	26.0	YES	
3	1.97	26	51.2	8.7	5.38	26.9	YES	
4	1.91	26	49.7	8.9	5.33	26.0	YES	
5	1.83	26	47.6	8.7	5.39	26.6	YES	
6	2	26	52.0	8.8	5.47	27.7	YES	
7	1.92	26	49.9	8.9	5.41	26.7	YES	
8	1.87	26	48.6	9.1	5.42	26.4	YES	
9	1.97	26	51.2	9.2	5.36	26.0	YES	
10	2.02	26	52.5	9.4	5.40	26.1	YES	
11	1.9	26	49.4	9.1	5.45	26.7	YES	
12	1.81	26	47.1	9.0	5.42	26.4	YES	
13	1.98	26	51.5	8.7	5.37	26.9	YES	
14	1.84	26	47.8	8.6	5.51	27.9	YES	
15	1.83	26	47.6	8.9	5.48	27.1	YES	
16	1.92	26	49.9	8.5	5.44	27.7	YES	
17	1.98	26	51.5	8.8	5.38	26.8	YES	
18	1.93	26	50.2	9.3	5.45	26.5	YES	
19	1.88	26	48.9	8.9	5.51	27.5	YES	
20	1.95	26	50.7	8.9	5.40	26.7	YES	
21	1.99	26	51.7	8.7	5.48	27.9	YES	
22	2.03	26	52.8	8.6	5.44	27.8	YES	
23	1.86	26	48.4	8.9	5.40	26.5	YES	
24	1.95	26	50.7	9.2	5.41	26.3	YES	
25	2.04	26	53.0	9.0	5.45	27.3	YES	
26	2.11	26	54.9	9.3	5.39	26.4	YES	
27	2.05	26	53.3	9.1	5.34	26.2	YES	
28	1.96	26	51.0	8.8	5.42	27.1	YES	
29	1.89	26	49.1	8.8	5.33	26.1	YES	
30	1.85	26	48.1	9.4	5.40	25.7	YES	
31	1.92	26	50	9.1	5.46	26.8	YES	

2 If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

by 10th of following month by email, fax, or mail to: dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293