

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Cartridge or Bag Filtration

Month/Year: May-24

System Name: Riverside ID#: 41 92787 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	10.00	0.00	10.00	25.00	0.13	
23	10.00	0.00	10.00	25.00	0.12	
24	10.00	0.00	10.00	25.00	0.11	
25	10.00	0.00	10.00	25.00	0.10	
26	10.00	0.00	10.00	25.00	0.18	
27	10.00	0.00	10.00	25.00	0.11	
28	10.00	0.00	10.00	25.00	0.10	
29	10.00	0.00	10.00	25.00	0.11	
30	10.00	0.00	10.00	25.00	0.11	
31	10.00	0.00	10.00	25.00	0.13	

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: Adam Breneman	
	SIGNATURE: <i>Adam Breneman</i>	DATE: 6-4-2024
	PHONE #: (541) 981-3917	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:	Riverside	ID#: 41	92787	Month/Year:	May-24	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								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	0.8	115	92.0	7.5	7.60	55.0	YES	
24	1	115	115.0	7.7	7.70	57.6	YES	
25	0.8	115	92.0	7.8	7.90	60.1	YES	
26	0.8	115	92.0	7.8	7.80	57.9	YES	
27	0.7	115	80.5	8.4	8.10	61.3	YES	
28	0.7	115	80.5	8.6	8.00	58.3	YES	
29	0.8	115	92.0	8.2	8.00	60.6	YES	
30	0.7	115	80.5	8.4	8.00	59.1	YES	
31	0.7	115	80.5	10.9	7.60	43.4	YES	

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

Revised July 2018