

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Cartridge or Bag Filtration

Month/Year: Jun-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 <sup>1</sup> [NTU]
1	12.00	0.00	12.00	25.00	0.21	
2	12.00	0.00	12.00	25.00	0.22	
3	15.00	0.00	15.00	25.00	0.13	
4	15.00	0.00	15.00	25.00	0.19	
5	16.00	0.00	16.00	25.00	0.19	
6	17.00	0.00	17.00	25.00	0.24	
7	18.00	0.00	18.00	25.00	<del>30.00</del> 3.30 - Amended Report	
8	18.00	0.00	18.00	25.00	0.26	
9	17.00	0.00	17.00	25.00	0.17	
10	0.17	0.00	17.00	25.00	0.14	
11	0.17	0.00	17.00	25.00	0.17	
12	0.17	0.00	17.00	25.00	0.20	
13	18.00	0.00	18.00	25.00	0.24	
14	20.00	0.00	20.00	25.00	0.24	
15	20.00	0.00	20.00	25.00	0.17	
16	20.00	0.00	20.00	25.00	0.18	
17	20.00	0.00	20.00	25.00	0.17	
18	5.00	0.00	5.00	25.00	0.14	
19	5.00	0.00	5.00	25.00	0.24	
20	5.00	0.00	5.00	25.00	0.18	
21	5.00	0.00	5.00	25.00	0.18	
22	5.00	0.00	5.00	25.00	0.18	
23	5.00	0.00	5.00	25.00	0.18	
24	5.00	0.00	5.00	25.00	0.13	
25	5.00	0.00	5.00	25.00	0.17	
26	5.00	0.00	5.00	25.00	0.16	
27	5.00	0.00	5.00	25.00	0.17	
28	5.00	0.00	5.00	25.00	0.16	
29	5.00	0.00	5.00	25.00	0.15	
30	5.00	0.00	5.00	25.00	0.14	
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**Cartridge & Bag Filtration**  
 95% of daily turbidity readings ≤ 1 NTU?  Yes  
 All daily turbidity readings ≤ 5 NTU?  Yes

**Monthly Summary (Answer Yes or No)**  
 CT's met everyday? (see back)  Yes  
 All Cl2 residual at entry point ≥ 0.2 mg/l?  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: *Adam Breneman*  
 DATE: 7-8-24  
 PHONE #: (541) 301-4767  
 CERT #:

<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:	Riverside	ID#: 41	92787	Month/Year:	May-24	Disinfection <i>Giardia</i> Log Inactiv:	1
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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]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.4	115	46.0	10.1	7.70	45.8	YES	
2	0.4	115	46.0	11.5	7.70	41.7	YES	
3	0.8	115	92.0	8.2	7.70	54.4	YES	
4	0.5	115	57.5	7.0	7.60	55.0	YES	
5	0.5	115	57.5	7.1	7.60	54.6	YES	
6	0.5	115	57.5	10.3	8.00	50.8	YES	
7	0.5	115	57.5	12.0	8.10	47.0	YES	
8	0.7	115	80.5	12.0	8.00	46.4	YES	
9	0.5	115	57.5	14.3	8.10	40.5	YES	
10	0.5	115	57.5	15.5	8.00	36.0	YES	
11	0.5	115	57.5	13.9	8.10	41.6	YES	
12	1.2	115	138.0	13.9	8.00	43.4	YES	
13	0.8	115	92.0	12.2	8.10	48.0	YES	
14	0.5	115	57.5	11.3	8.10	49.3	YES	
15	0.5	115	57.5	8.8	8.00	56.2	YES	
16	0.5	115	57.5	11.8	8.00	46.0	YES	
17	1.2	115	138.0	9.0	8.20	64.7	YES	
18	0.7	115	80.5	10.9	8.10	51.8	YES	
19	0.6	115	69.0	13.9	8.10	42.1	YES	
20	0.5	115	57.5	14.7	8.20	40.9	YES	
21	0.4	115	46.0	15.9	8.20	37.4	YES	
22	0.6	115	69.0	13.0	8.20	46.3	YES	
23	0.8	115	92.0	12.9	8.30	49.5	YES	
24	0.6	115	69.0	15.5	8.30	40.7	YES	
25	0.6	115	69.0	16.5	8.10	35.4	YES	
26	0.6	115	69.0	16.3	8.20	37.2	YES	
27	0.7	115	80.5	16.2	8.10	36.5	YES	
28	0.7	115	80.5	13.2	8.10	44.6	YES	
29	0.9	115	103.5	12.4	8.20	49.7	YES	
30	1.1	115	126.5	14.1	8.30	47.3	YES	
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<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.drnce@state.or.us](mailto:dwp.drnce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350