

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Cartridge or Bag Filtration

Month/Year: Jul-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	7.00	0.00	7.00	25.00	0.15	
2	7.00	0.00	7.00	25.00	0.20	
3	7.00	0.00	7.00	25.00	0.16	
4	8.00	0.00	8.00	25.00	0.15	
5	8.00	0.00	8.00	25.00	0.15	
6	8.00	0.00	8.00	25.00	0.15	
7	9.00	0.00	9.00	25.00	0.14	
8	9.00	0.00	9.00	25.00	0.15	
9	9.00	0.00	9.00	25.00	0.15	
10	9.00	0.00	9.00	25.00	0.15	
11	9.00	0.00	9.00	25.00	0.16	
12	9.00	0.00	9.00	25.00	0.22	
13	9.00	0.00	9.00	25.00	0.15	
14	9.00	0.00	9.00	25.00	0.16	
15	9.00	0.00	9.00	25.00	0.16	
16	9.00	0.00	9.00	25.00	0.20	
17	9.00	0.00	9.00	25.00	0.24	
18	10.00	0.00	10.00	25.00	0.27	
19	10.00	0.00	10.00	25.00	0.27	
20	10.00	0.00	10.00	25.00	0.16	
21	11.00	0.00	11.00	25.00	0.17	
22	11.00	0.00	11.00	25.00	0.17	
23	11.00	0.00	11.00	25.00	0.15	
24	12.00	0.00	12.00	25.00	0.14	
25	12.00	0.00	12.00	25.00	0.13	
26	13.00	0.00	13.00	25.00	0.10	
27	14.00	0.00	14.00	25.00	0.14	
28	12.00	0.00	12.00	25.00	0.12	
29	12.00	0.00	12.00	25.00	0.16	
30	15.00	0.00	15.00	25.00	0.19	
31	15.00	0.00	15.00	25.00	0.20	

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU?  Yes

All daily turbidity readings ≤ 5 NTU?  Yes

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 Brenneman

SIGNATURE: *[Signature]* DATE: 8-7-24

PHONE #: (541) 801-4767 CERT #:

## 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
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/ 4:30 pm	1.5	115	172.5	14.3	8.30	48.8	YES		
2/12 pm	0.6	115	69.0	12.4	8.10	46.3	YES		
3/3 pm	0.6	115	69.0	17.1	8.20	35.3	YES		
4/ 7 pm	0.8	115	92.0	17.0	8.30	37.7	YES		
5/ 5 pm	0.8	115	92.0	16.9	8.40	39.4	YES		
6/ 5 pm	0.6	115	69.0	20.5	8.40	30.3	YES		
7/ 11:30 am	1.5	115	172.5	13.0	8.30	53.2	YES		
8/ 1 pm	1	115	115.0	16.0	8.40	42.8	YES		
9/ 1 pm	0.9	115	103.5	16.1	8.40	42.0	YES		
10/ 2 pm	0.8	115	92.0	17.0	8.40	39.1	YES		
11/3 pm	0.6	115	69.0	17.5	8.40	37.0	YES		
12/ 11 am	0.9	115	103.5	15.4	8.40	44.0	YES		
13/ 2 pm	1	115	115.0	17.0	8.30	38.6	YES		
14 / 1:40 pm	1.2	115	138.0	13.0	8.40	53.3	YES		
15 / 2 pm	1.1	115	126.5	13.1	8.40	52.4	YES		
16 / 4 pm	1	115	115.0	17.0	8.30	38.6	YES		
17 / 3 pm	0.8	115	92.0	17.5	8.30	36.5	YES		
18 / 4 pm	0.8	115	92.0	17.9	8.30	35.5	YES		
19 /11:30 am	0.9	115	103.5	18.5	8.30	34.5	YES		
20 / 11 am	1.7	115	195.5	17.2	8.40	42.7	YES		
21 / 3:15 pm	1.2	115	138.0	15.8	8.40	44.3	YES		
22 / 3 pm	1.2	115	138.0	17.7	8.40	39.1	YES		
23 / 4:10 pm	1.2	115	138.0	17.0	8.50	42.5	YES		
24 / 3 pm	1	115	115.0	15.2	8.30	43.5	YES		
25 / 10:30 am	0.8	115	92.0	13.4	8.30	47.9	YES		
26 / 4 pm	0.9	115	103.5	15.5	8.30	42.1	YES		
27 / 11 am	1.8	115	207.0	13.3	8.40	55.9	YES		
28 / 12:30 pm	1.5	115	172.5	13.4	8.60	57.8	YES		
29 / 4 pm	1.2	115	138.0	13.7	8.60	54.8	YES		
30 / 3:20 pm	1.2	115	138.0	15.8	8.40	44.3	YES		
31 /3 pm	1.2	115	138.0	16.8	8.60	44.6	YES		

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