

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Month/Year: 2024

Cartridge or Bag Filtration

System Name: USFS Big Lake ID#: 41 92802 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]	Highest Reading of the day <sup>1</sup> [NTU]
1 / 8 am	5	0	5	25	0.31		
2 / 8 am	10	10	0	25	0.3		
3 / 8 am	10	10	0	25	0.32		
4 / 8 am	15	5	10	25	0.32		
5 / 10 am	25	15	10	25	0.33		
6 / 8 am	25	15	10	25	0.27		
7 / 8 am	30	20	10	25	0.2		
8 / 8 am	5	0	5	25	0.16		
9 / 8 am	10	0	10	25	0.22		
10 / 9 am	25	0	25	25	0.21		
11 / 9 am	25	15	10	25	0.24		
12 / 8 am	25	0	25	25	0.22		
13 / 8 am	25	15	10	25	0.19		
14 / 9 am	20	10	10	25	0.16		
15 / 10 am	15	10	5	25	0.13		
16 / 11 am	25	15	10	25	0.12		
17 / 10 am	20	10	10	25	0.16		
18 / 10 am	20	10	10	25	0.18		
19 / 10 am	20	10	10	25	0.2		
20 / 10 am	15	5	10	25	0.19		
21 / 1 pm	20	10	10	25	0.15		
22 / 9 am	10	5	5	25	0.15		
23 / 8 am	20	10	10	25	0.18		
24 / 9 am	25	15	10	25	0.25		
25 / 9 am	10	10	0	25	0.32		
26 / 10 am	10	0	10	25	0.5		
27 / 9 am	5	0	5	25	0.34		
28 / 9 am	15	0	15	25	0.29		
29 / 8 am	25	5	20	25	0.32		
30 / 9 am	25	5	20	25	0.34		
31 / 10 am	15	5	10	25	0.33		

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ? 1 NTU?	<input checked="" type="checkbox"/> Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ? 0.2 mg/l?
All daily turbidity readings ? 5 NTU?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> Yes

Notes: PSI = pounds per square inch  
 PSID = pounds per square inch  
 PSID When to Change Filter =

PRINTED NAME:	Adam Sreneman
SIGNATURE:	<i>Adam Sreneman</i>
PHONE #: (541) 801-4767	CERT #:
	DATE: 8-7-24

<sup>1</sup> Including continuous NTU data. correspond to continuous readings' maximum.

## OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name:	USFS Big Lake	ID#: 41	82802	Month/Year:	45474	Disinfection <i>Giardia</i> Log Inactiv:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C )	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup> 2CT Met? <sup>2</sup> 2CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 8 am	1.6	51	81.6	14.1	8.32	50.4	YES	
2 / 8 am	1.5	51	76.5	14.9	8.45	49.6	YES	
3 / 8 am	1.4	51	71.4	15.2	8.54	49.7	YES	
4 / 8 am	1.2	51	61.2	15.7	8.7	49.8	YES	
5 / 10 am	1.1	51	56.1	16.3	8.75	48.2	YES	
6 / 8 am	0.9	51	45.9	17.2	8.55	41.3	YES	
7 / 8 am	0.9	51	45.9	18.1	8.54	38.7	YES	
8 / 8 am	0.8	51	40.8	20.5	8.52	32.4	YES	
9 / 8 am	0.8	51	40.8	20.8	8.54	32.0	YES	
10 / 9 am	0.9	51	45.9	21.4	8.5	30.6	YES	
11 / 9 am	0.7	51	35.7	21.7	8.58	30.2	YES	
12 / 8 am	0.8	51	40.8	20.9	8.34	29.5	YES	
13 / 8 am	0.9	51	45.9	21.6	8.45	29.7	YES	
14 / 9 am	0.7	51	35.7	21.5	7.63	21.5	YES	
15 / 10 am	0.7	51	35.7	20.2	8.09	27.9	YES	
16 / 11 am	1	51	51.0	20.6	8.21	29.4	YES	
17 / 10 am	1	51	51.0	20.9	8.24	29.1	YES	
18 / 10 am	1	51	51.0	21.3	8.26	28.5	YES	
19 / 10 am	1	51	51.0	21.1	8.28	29.1	YES	
20 / 10 am	1	51	51.0	20.8	8.29	29.8	YES	
21 / 1 pm	1	51	51.0	21.6	7.75	23.1	YES	
22 / 9 am	0.9	51	45.9	19.2	7.74	26.8	YES	
23 / 8 am	1	51	51.0	18.9	7.73	27.5	YES	
24 / 9 am	0.9	51	45.9	18.8	8.02	30.5	YES	
25 / 9 am	0.9	51	45.9	18.6	8.1	31.8	YES	
26 / 10 am	0.8	51	40.8	19.0	8.21	31.9	YES	
27 / 9 am	0.8	51	40.8	18.3	8.24	33.8	YES	
28 / 9 am	0.8	51	40.8	18.9	8.33	33.6	YES	
29 / 8 am	0.9	51	45.9	19.2	8.4	34.2	YES	
30 / 9 am	0.9	51	45.9	18.2	8.24	34.4	YES	
31 / 10 am	0.8	51	40.8	17.9	8.19	34.1	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 November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350