

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Cartridge or Bag Filtration

Month/Year: 24-Aug

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 ¹ [NTU]	
1	7.5	5	2.5	25	0.3		
2	7.5	5	2.5	25	0.27		
3	7.5	10	-2.5	25	0.24		
4	7.5	10	-2.5	25	0.26		
5	7.5	10	-2.5	25	0.22		
6	7.5	15	-7.5	25	0.2		
7	7.5	15	-7.5	25	0.24		
8	7.5	20	-12.5	25	0.26		
9	7.5	20	-12.5	25	0.28		
10	7.5	25	-17.5	25	0.22		
11	7.5	25	-17.5	25	0.23		
12	7.5	30	-22.5	25	0.19		
13	7.5	30	-22.5	25	0.18		
14	7.5	35	-27.5	25	0.21		
15	7.5	40	-32.5	25	0.19		
16	7.5	0	7.5	25	0.23		
17	7.5	5	2.5	25	0.25		
18	7.5	5	2.5	25	0.22		
19	7.5	10	-2.5	25	0.31		
20	7.5	10	-2.5	25	0.28		
21	7.5	15	-7.5	25	0.27		
22	7.5	15	-7.5	25	0.26		
23	7.5	20	-12.5	25	0.29		
24	7.5	20	-12.5	25	0.3		
25	7.5	25	-17.5	25	0.28		
26	7.5	25	-17.5	25	0.31		
27	7.5	35	-27.5	25	0.3		
28	7.5	35	-27.5	25	0.26		
29	7.5	40	-32.5	25	0.28		
30	7.5	0	7.5	25	0.26		
31	7.5	5	2.5	25	0.24		

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

Notes: PSI = pounds per PSID = pounds per square inch PSID When to Change Filter =	PRINTED NAME:	Adam Brannen	
	SIGNATURE:	<i>Adam Brannen</i>	
	PHONE #: (541-801-4767)	DATE: 9-3-24	CERT #:

¹ Including continuous NTU 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:	Aug-24	Disinfection <i>Giardia</i> Log Inactiv:	1
--------------	---------------	---------	-------	-------------	--------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ² 2CT Met? ² 2CT Met? ² 2	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 8am	0.8	51	40.8	18.1	8.3	35.0	YES	
2 / 8 am	0.9	51	45.9	18.4	8.24	34.0	YES	
3 / 8 am	0.8	51	40.8	18.2	8.25	34.2	YES	
4 / 8 am	0.8	51	40.8	18.8	8.21	32.4	YES	
5 / 8 am	1	51	51.0	19.2	8.19	32.0	YES	
6 / 9 am	0.9	51	45.9	19.6	8.23	31.3	YES	
7 / 8 am	0.8	51	40.8	19.0	8.25	32.4	YES	
8 / 8 am	0.8	51	40.8	19.2	8.19	31.3	YES	
9 / 8 am	0.9	51	45.9	19.2	8.17	31.4	YES	
10 / 8 am	1	51	51.0	19.4	8.16	31.2	YES	
11 / 9am	1.1	51	56.1	19.1	8.18	32.5	YES	
12 / 9am	0.8	51	40.8	19.5	8.19	30.7	YES	
13 / 9 am	0.9	51	45.9	19.9	8.29	31.3	YES	
14 / 8 am	1	51	51.0	19.0	8.5	36.4	YES	
15 / 8 am	0.9	51	45.9	18.7	8.73	39.9	YES	
16 / 8 am	0.8	51	40.8	18.8	8.77	39.8	YES	
17 / 8 am	0.8	51	40.8	18.5	8.78	40.7	YES	
18 / 9 am	0.9	51	45.9	18.5	8.89	42.9	YES	
19 / 9 am	0.9	51	45.9	18.6	8.86	42.2	YES	
20 / 8 am	1	51	51.0	16.7	8.78	46.9	YES	
21 / 9 am	0.9	51	45.9	18.0	8.82	43.2	YES	
22 / 10 am	0.8	51	40.8	18.3	8.74	40.7	YES	
23 / 8 am	1	51	51.0	16.8	8.66	44.6	YES	
24 / 8 am	1.2	51	61.2	16.5	8.6	45.5	YES	
25 / 9 am	1	51	51.0	16.2	8.32	41.0	YES	
26 / 10 am	0.9	51	45.9	15.7	7.98	36.9	YES	
27 / 10 am	0.8	51	40.8	16.2	8.12	37.2	YES	
28 / 9 am	0.9	51	45.9	15.8	8.45	43.6	YES	
29 / 9 am	0.9	51	45.9	15.8	8.3	41.3	YES	
30 / 9 am	0.9	51	45.9	16.2	8.65	45.7	YES	
31 / 9 am	0.9	51	45.9	16.6	8.5	42.2	YES	

² If Cl₂ 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350