

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Linn

Cartridge or Bag Filtration

Month/Year: 24-Sep

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]	Highest Reading of the day ¹ [NTU]
1	7.5	5	2.5	25	0.2		
2	7.5	5	2.5	25	0.22		
3	7.5	10	-2.5	25	0.19		
4	7.5	15	-7.5	25	0.25		
5	7.5	15	-7.5	25	0.28		
6	7.5	25	-17.5	25	0.25		
7	7.5	30	-22.5	25	0.25		
8	7.5	5	2.5	25	0.27		
9	7.5	10	-2.5	25	0.33		
10	7.5	10	-2.5	25	0.36		
11	7.5	15	-7.5	25	0.42		
12	7.5	15	-7.5	25	0.46		
13	7.5	15	-7.5	25	0.52		
14	7.5	20	-12.5	25	0.54		
15	7.5	20	-12.5	25	0.42		
16	7.5	20	-12.5	25	0.39		
17	7.5	20	-12.5	25	0.41		
18	7.5	25	-17.5	25	0.36		
19	7.5	25	-17.5	25	0.32		
20	7.5	25	-17.5	25	0.35		
21	7.5	30	-22.5	25	0.28		
22	7.5	35	-27.5	25	0.31		
23	7.5	0	7.5	25	0.26		
24	7.5	5	2.5	25	0.32		
25	7.5	10	-2.5	25	0.38		
26	7.5	10	-2.5	25	0.35		
27	7.5	15	-7.5	25	0.28		
28	7.5	20	-12.5	25	0.34		
29	7.5	20	-12.5	25	0.35		
30	7.5	20	-12.5	25	0.29		
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Cartridge & Bag Filtration				Monthly Summary (Answer Yes or No)			
95% of daily turbidity readings ? 1 NTU?		<input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back)		<input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings ? 5 NTU?		<input checked="" type="radio"/> Yes / <input type="radio"/> No		All Cl2 residual at entry point ? 0.2 mg/l?		<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes: PSI = pounds per square inch PSID = pounds per square inch PSID When to Change Filter =				PRINTED NAME: Adam Bronneman			
				SIGNATURE: <i>Adam Bronneman</i>		DATE: 10-7-24	
				PHONE #: (541-801-4767		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:	Sep-24	Disinfection <i>Giardia</i> Log Inactiv:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C)	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 / 9am	1	51	51.0	16.8	8.75	46.1	YES	
2 / 9am	1	51	51.0	17.2	8.78	45.4	YES	
3 / 9am	1.1	51	56.1	17.6	8.79	44.9	YES	
4 / 9am	1.2	51	61.2	18.0	8.65	42.0	YES	
5 / 10am	1	51	51.0	18.4	8.6	39.3	YES	
6 / 9am	1.2	51	61.2	18.7	8.64	40.0	YES	
7 / 9am	1.3	51	66.3	19.2	8.62	38.8	YES	
8 / 9am	1.4	51	71.4	18.7	8.67	41.3	YES	
9 / 10am	1	51	51.0	19.0	8.7	39.1	YES	
10 / 9am	1	51	51.0	18.2	8.75	42.0	YES	
11 / 9am	0.9	51	45.9	17.4	8.7	43.0	YES	
12 / 9am	0.9	51	45.9	16.9	8.65	43.7	YES	
13 / 8am	1.1	51	56.1	16.5	8.85	49.4	YES	
14 / 9am	1.2	51	61.2	16.2	9.06	55.0	YES	
15 / 9am	1	51	51.0	16.0	8.79	49.3	YES	
16 / 9am	1.1	51	56.1	16.0	8.78	49.7	YES	
17 / 9am	1.2	51	61.2	15.4	8.94	55.5	YES	
18 / 10am	1.3	51	66.3	14.9	9.24	64.7	YES	
19 / 9am	1.4	51	71.4	14.2	9.21	67.8	YES	
20 / 9am	1.5	51	76.5	13.1	9.2	73.4	YES	
21 / 9am	1.6	51	81.6	13.9	9.3	73.1	YES	
22 / 9am	1.6	51	81.6	13.7	9.25	72.7	YES	
23 / 8am	1.5	51	76.5	14.1	9.2	68.8	YES	
24 / 9am	1.4	51	71.4	13.9	9.25	70.2	YES	
25 / 9am	1.5	51	76.5	13.5	9.29	73.9	YES	
26 / 9am	1.4	51	71.4	14.0	9.3	71.0	YES	
27 / 9am	1.5	51	76.5	13.7	9.2	70.6	YES	
28 / 9am	1.4	51	71.4	14.2	9.21	67.8	YES	
29 / 9am	1.4	51	71.4	14.1	9.24	69.0	YES	
30 / 9am	1.4	51	71.4	14.0	9.08	65.5	YES	
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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.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350