OHA - Drinking Water Services - Surface Water Quality Data Form — **County:** Linn

Cartridge or Bag Filtration — **Month/Year:** 1-Jul

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	10	5	0	25	0.32		
2	10	5	5	25	0.36		
3	10	5	5	25	0.35		
4	15	10	5	25	0.35		
5	15	10	10	25	0.32		
6	20	10	10	25	0.3		
7	20	15	10	25	0.28		
8	20	15	10	25	0.3		
9	25	20	10	25	0.33		
10	25	20	10	25	0.36		
11	25	20	15	25	0.38		
12	30	25	15	25	0.34		
13	0	25	5	25	0.36		
14	5	0	5	25	0.38		
15	5	5	5	25	0.34		
16	5	5	5	25	0.36		
17	10	5	5	25	0.37		
18	10	10	5	25	0.41		
19	15	10	10	25	0.36		
20	15	15	10	25	0.32		
21	20	15	10	25	0.34		
22	20	20	10	25	0.33		
23	25	20	10	25	0.32		
24	30	25	5	25	0.36		
25	0	0	5	25	0.34		
26	5	5	5	25	0.36		
27	10	5	5	25	0.4		
28	15	10	5	25	0.36		
29	15	10	7.5	25	0.34		
30	20	15	10	25	0.32		
31	20	15	10	25	0.33		

Cartridge & Bag Filtration

95% of daily turbidity readings ? 1 NTU? (Yes) / No

All daily turbidity readings ? 5 NTU? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residual at entry point ? 0.2 mg/l? (Yes) / No

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

PRINTED NAME: Adam Brenneman

SIGNATURE: [signature] **DATE:** 8-6-25

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:	Jul-25	Disinfection *Giardia* 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]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	[GPM]
1 / 9am	1.4	51	71.4	13.6	7.9	43.6	YES	
2 / 9am	1.3	51	66.3	13.8	7.8	41.0	YES	
3 / 8am	1.3	51	66.3	13.8	7.7	39.6	YES	
4 / 8am	1.2	51	61.2	13.9	7.54	36.6	YES	
5 / 8am	1.2	51	61.2	14.1	7.6	37.0	YES	
6 / 9am	1.1	51	56.1	14.4	7.64	36.3	YES	
7 / 9am	1.2	51	61.2	14.7	7.67	36.4	YES	
8 / 8am	1.2	51	61.2	14.7	7.7	36.8	YES	
9 / 8am	1.1	51	56.1	15.0	7.54	33.7	YES	
10 / 8 am	1	51	51.0	15.0	7.4	31.6	YES	
11 / 9am	1	51	51.0	15.4	7.23	28.9	YES	
12 / 9am	0.9	51	45.9	15.5	7.13	27.3	YES	
13 / 9 am	0.9	51	45.9	15.4	7.04	26.6	YES	
14 / 8 am	0.8	51	40.8	15.8	6.98	25.0	YES	
15 / 8 am	0.8	51	40.8	15.9	6.95	24.6	YES	
16 / 8 am	0.9	51	45.9	16.3	6.89	23.7	YES	
17 / 8 am	0.9	51	45.9	16.4	6.75	22.3	YES	
18 / 9 am	1	51	51.0	16.4	6.8	23.0	YES	
19 / 9 am	0.9	51	45.9	17.0	6.82	22.0	YES	
20 / 8 am	1	51	51.0	17.2	6.84	22.1	YES	
21 / 9 am	0.9	51	45.9	17.5	6.8	21.1	YES	
22 / 10 am	0.8	51	40.8	17.5	6.75	20.5	YES	
23 / 8 am	1	51	51.0	18.0	6.7	19.9	YES	
24 / 8 am	1.2	51	61.2	18.2	6.8	20.9	YES	
25 / 9 am	1	51	51.0	18.4	6.9	20.9	YES	
26 / 10 am	0.9	51	45.9	18.4	6.7	19.1	YES	
27 / 10 am	0.8	51	40.8	18.5	6.8	19.5	YES	
28 / 9 am	0.9	51	45.9	18.7	6.85	19.8	YES	
29 / 9 am	0.9	51	45.9	18.6	6.9	20.4	YES	
30 / 9 am	0.9	51	45.9	18.7	6.8	19.5	YES	
31 / 9am	0.8	51	40.8	18.7	6.81	19.3	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