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

Cartridge or Bag Filtration — **Month/Year:** 25-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]	Highest Reading of the day [1] [NTU]
1	20	15	0	25	0.2		
2	25	15	5	25	0.21		
3	25	20	5	25	0.24		
4	25	25	5	25	0.25		
5	25	25	10	25	0.28		
6	0	0	10	25	0.3		
7	5	0	10	25	0.29		
8	10	5	10	25	0.28		
9	10	5	10	25	0.28		
10	15	5	10	25	0.32		
11	15	5	15	25	0.38		
12	20	10	15	25	0.34		
13	20	10	5	25	0.37		
14	25	15	5	25	0.36		
15	25	15	5	25	0.35		
16	25	20	5	25	0.34		
17	0	20	5	25	0.33		
18	5	25	5	25	0.32		
19	5	0	10	25	0.31		
20	10	5	10	25	0.3		
21	10	5	10	25	0.29		
22	15	5	10	25	0.29		
23	15	10	10	25	0.28		
24	15	10	5	25	0.28		
25	15	10	5	25	0.27		
26	20	15	5	25	0.25		
27	20	15	5	25	0.26		
28	20	20	5	25	0.24		
29	25	20	7.5	25	0.23		
30	25	20	10	25	0.25		
31	25	25	10	25	0.24		

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 square inch; PSID = pounds per square inch; PSID When to Change Filter =

PRINTED NAME: Adam Brenneman

SIGNATURE: [signature] **DATE:** 9/9/25

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:**	**Aug-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] CT Met? 2CT Met? 2	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	[GPM]
1 / 9am	1.1	51	56.1	19.0	6.81	19.6	YES	
2 / 9am	1.1	51	56.1	19.0	6.8	19.5	YES	
3 / 8am	1.2	51	61.2	19.1	6.82	19.8	YES	
4 / 8am	1.2	51	61.2	19.1	6.8	19.6	YES	
5 / 8am	1.2	51	61.2	19.2	6.85	19.9	YES	
6 / 9am	1.3	51	66.3	19.2	6.87	20.2	YES	
7 / 9am	1.1	51	56.1	19.4	6.82	19.2	YES	
8 / 8am	1	51	51.0	19.5	6.78	18.5	YES	
9 / 8am	1	51	51.0	19.6	6.8	18.5	YES	
10 / 8 am	1.1	51	56.1	19.5	6.92	19.8	YES	
11 / 9am	1.1	51	56.1	19.4	6.91	19.8	YES	
12 / 9am	1.2	51	61.2	19.5	6.9	19.8	YES	
13 / 9 am	1	51	51.0	19.3	6.92	19.8	YES	
14 / 8 am	1	51	51.0	19.1	6.98	20.5	YES	
15 / 8 am	1.2	51	61.2	19.0	7.01	21.4	YES	
16 / 8 am	1.1	51	56.1	18.9	6.89	20.3	YES	
17 / 8 am	1.2	51	61.2	18.8	6.85	20.4	YES	
18 / 9 am	1.2	51	61.2	18.9	6.8	19.9	YES	
19 / 9 am	1.1	51	56.1	18.7	6.82	20.1	YES	
20 / 8 am	1	51	51.0	18.6	6.79	19.8	YES	
21 / 9 am	1	51	51.0	18.4	6.8	20.1	YES	
22 / 10 am	1.1	51	56.1	18.4	6.74	19.9	YES	
23 / 8 am	1	51	51.0	18.3	6.7	19.5	YES	
24 / 8 am	1.1	51	56.1	18.2	6.67	19.6	YES	
25 / 9 am	1	51	51.0	18.0	6.6	19.2	YES	
26 / 10 am	1.2	51	61.2	18.1	6.58	19.3	YES	
27 / 10 am	1.2	51	61.2	18.0	6.55	19.2	YES	
28 / 9 am	1	51	51.0	17.9	6.53	18.8	YES	
29 / 9 am	1.1	51	56.1	18.0	6.49	18.6	YES	
30 / 9 am	1.1	51	56.1	18.1	6.45	18.2	YES	
31 / 9am	1	51	51.0	18.0	6.44	18.0	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