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

Cartridge or Bag Filtration | **Month/Year:** 25-Oct

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	15	15	5	25	0.3		
2	15	15	5	25	0.28		
3	15	15	5	25	0.3		
4	15	20	5	25	0.3		
5	15	20	10	25	0.28		
6	20	20	10	25	0.29		
7	20	20	10	25	0.3		
8	20	20	10	25	0.3		
9	20	20	10	25	0.31		
10	20	25	10	25	0.32		
11	20	25	15	25	0.3		
12	25	25	15	25	0.31		
13	25	0	5	25	0.33		
14	25	0	5	25	0.28		
15	25	0	5	25	0.29		
16	0	0	5	25	0.3		
17	0	5	5	25	0.3		
18	0	5	5	25	0.31		
19	0	5	10	25	0.3		
20	5	5	10	25	0.32		
21	5	5	10	25	0.3		
22	5	10	10	25	0.3		
23	5	10	10	25	0.31		
24	5	10	5	25	0.32		
25	5	10	5	25	0.34		
26	10	15	5	25	0.33		
27	10	15	5	25	0.33		
28	10	15	10	25	0.35		
29	10	15	10	25	0.36		
30	10	15	10	25	0.32		
31	10	15	10	25	0.31		

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 Riemenschneider

SIGNATURE:

DATE: 10-9-25

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:**	**0ct25**	**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	51	51.0	14.0	7.5	35.0	YES	
2 / 9am	1.1	51	56.1	14.1	7.4	33.9	YES	
3 / 8am	1.2	51	61.2	13.9	7.4	34.8	YES	
4 / 8am	1.1	51	56.1	13.0	7.38	36.2	YES	
5 / 8am	1.1	51	56.1	13.9	7.4	34.4	YES	
6 / 9am	1.2	51	61.2	13.8	7.42	35.3	YES	
7 / 9am	1.1	51	56.1	13.8	7.45	35.3	YES	
8 / 8am	1.1	51	56.1	13.8	7.4	34.6	YES	
9 / 8am	1	51	51.0	13.7	7.4	34.5	YES	
10 / 8 am	1	51	51.0	13.6	7.42	34.9	YES	
11 / 9am	1.1	51	56.1	13.6	7.48	36.1	YES	
12 / 9am	1.1	51	56.1	13.6	7.4	35.1	YES	
13 / 9 am	1	51	51.0	13.5	7.45	35.6	YES	
14 / 8 am	1	51	51.0	13.5	7.42	35.2	YES	
15 / 8 am	1	51	51.0	13.5	7.4	34.9	YES	
16 / 8 am	1.2	51	61.2	13.5	7.4	35.7	YES	
17 / 8 am	1.1	51	56.1	13.4	7.4	35.5	YES	
18 / 9 am	1.1	51	56.1	13.4	7.38	35.3	YES	
19 / 9 am	1.2	51	61.2	13.4	7.4	36.0	YES	
20 / 8 am	1.2	51	61.2	13.5	7.4	35.7	YES	
21 / 9 am	1.1	51	56.1	13.3	7.45	36.5	YES	
22 / 10 am	1.1	51	56.1	13.3	7.42	36.1	YES	
23 / 8 am	1.1	51	56.1	13.3	7.4	35.8	YES	
24 / 8 am	1.2	51	61.2	13.3	7.4	36.2	YES	
25 / 9 am	1.2	51	61.2	13.2	7.45	37.1	YES	
26 / 10 am	1.2	51	61.2	13.2	7.38	36.2	YES	
27 / 10 am	1.1	51	56.1	13.2	7.4	36.0	YES	
28 / 9 am	1.1	51	56.1	13.2	7.43	36.4	YES	
29 / 9 am	1	51	51.0	13.2	7.45	36.3	YES	
30 / 9 am	1	51	51.0	13.2	7.48	36.7	YES	
31 / 9am	1.1	51	56.1	13.2	7.45	36.7	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