OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County:	Marion		
Month/Year:	Feb 2022		
WTP ID:	**WTP-A**		

System Name: Breitenbush Hot Springs **ID#: 41 93461**

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	78	70	8	15	0.054	0.054
2	79	70	9	15	0.064	0.064
3	80	70	10	15	0.068	0.068
4	79	70	9	15	0.058	0.058
5	78	70	8	15	0.059	0.059
6	78	70	8	15	0.062	0.062
7	N/A	N/A	N/A	15	0.051	0.051
8	78	70	8	15	0.055	0.055
9	N/A	N/A	N/A	15	x	x
10	77	69	8	15	0.056	0.056
11	78	69	9	15	0.057	0.057
12	77	69	8	15	0.074	0.074
13	N/A	N/A	N/A	15	x	x
14	76	69	7	15	0.056	0.056
15	N/A	N/A	N/A	15	x	x
16	77	69	8	15	0.060	0.060
17	75	68	7	15	0.059	0.059
18	76	70	6	15	0.055	0.055
19	N/A	N/A	N/A	15	x	x
20	78	70	8	15	0.069	0.069
21	N/A	N/A	N/A	15	x	x
22	N/A	N/A	N/A	15	x	x
23	76	69	7	15	0.054	0.054
24	N/A	N/A	N/A	15	x	x
25	76	70	6	15	0.061	0.061
26	76	68	8	15	0.056	0.056
27	76	70	6	15	0.087	0.087
28	N/A	N/A	N/A	15	x	x

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

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the fil

PRINTED NAME: Mark Libkuman	
SIGNATURE:	**DATE: 3/9/2021**
PHONE #: (503) 427-8034	**CERT #:**

1 Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP ID:	**WTP-A**		
Disinfection Giardia Log Inactiv:	**1**		

System Name: Breitenbush Hot Springs **ID#: 41 93461** **Month/Year: 02/22**

Date / Time	Minimum Cl2 Residual at 1st User (C) 2	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	0.8	170	136	5.2	7.7	66.69102458	YES	Unknown
2	0.81	170	137.7	5.4	7.7	65.86281885	YES	Unknown
3	0.89	170	151.3	5.3	7.6	64.54599817	YES	Unknown
4	0.84	170	142.8	6	7.6	61.18464917	YES	Unknown
5	0.8	170	136	5.6	7.7	64.89376736	YES	Unknown
6	0.76	170	129.2	5.8	7.4	57.16507419	YES	Unknown
7	0.72	170	122.4	5.4	7.7	65.17342607	YES	Unknown
8	0.69	170	117.3	5.6	7.6	61.78286063	YES	Unknown
9	0.65	170	110.5	5.7	7.3	54.81844863	YES	Unknown
10	0.63	170	107.1	6	7.9	66.57559351	YES	Unknown
11	0.6	170	102	5.9	7.8	64.41045798	YES	Unknown
12	0.58	170	98.6	5.8	7.4	55.9875149	YES	Unknown
13	0.56	170	95.2	6.4	7.7	59.76197465	YES	Unknown
14	0.55	170	93.5	6.5	7.7	59.28926937	YES	Unknown
15	0.54	170	91.8	6.4	7.7	59.62333838	YES	Unknown
16	0.54	170	91.8	6.5	7.6	57.12274956	YES	Unknown
17	0.54	170	91.8	7	7.6	55.22726356	YES	Unknown
18	0.54	170	91.8	6.5	7.6	57.12274956	YES	Unknown
19	0.55	170	93.5	6.8	7.7	58.09675485	YES	Unknown
20	0.55	170	93.5	6.8	7.6	56.0418803	YES	Unknown
21	0.57	170	96.9	6.7	7.6	56.55205294	YES	Unknown
22	0.58	170	98.6	7.3	7.7	56.36145513	YES	Unknown
23	0.61	170	103.7	6.3	7.7	60.51944317	YES	Unknown
24	0.59	170	100.3	6.5	7.7	59.56521442	YES	Unknown
25	0.63	170	107.1	6.8	8.2	70.31789655	YES	Unknown
26	0.62	170	105.4	5.3	7.7	64.85738489	YES	Unknown
27	0.63	170	107.1	6.4	7.7	60.24994013	YES	Unknown
28	0.63	170	107.1	6.3	7.6	58.50763988	YES	Unknown

2 If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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Return by 10th of following month by email, fax, or mail to:
dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350