OHA - Drinking Water Services - Surface Water Quality Data Form

							County:	Coos

Cartridge or Bag Filtration

Month/Year: 4/5/2025

System Name: **COOS COUNTY PARKS LAVERNE**   ID#: 41   94557   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]
1				30.00		
2				30.00		
3				30.00		
4				30.00		
5				30.00		
6				30.00		
7				30.00		
8				30.00		
9				30.00		
10				30.00		
11				30.00		
12				30.00		
13				30.00		
14				30.00		
15				30.00		
16				30.00		
17				30.00		
18				30.00		
19				30.00		
20				30.00		
21				30.00		
22	30.00	30.00	0	30.00	0.03	0.03
23	30.00	30.00	0	30.00	0.03	0.03
24	30.00	30.00	0	30.00	0.03	0.03
25	30.00	30.00	0	30.00	0.03	0.03
26	30.00	30.00	0	30.00	0.03	0.03
27	30.00	30.00	0	30.00	0.03	0.03
28	30.00	30.00	0	30.00	0.03	0.03
29	30.00	30.00	0	30.00	0.03	0.03
30	30.00	30.00	0	30.00	0.03	0.03
31				30.00		

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

Notes: PSI = pounds per square inch

PRINTED NAME:

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

SIGNATURE: 4/5/2025

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

PHONE #: (   )   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- :** | |

| System Name: | **COOS COUNTY PARK LAVERN** | ID#: 41 | 94557 | Month/Year: | 4/5/2025/ | | **Disinfection *Giardia* Log Inactiv:** | 0.5 |

Date / Time	Minimum Cl_2 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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22	4.1	71	291.1	8.9	6.40	23.83324104	YES	
23	4.1	71	291.1	9.8	6.20	20.93050656	YES	
24	4.1	71	291.1	11.4	6.30	19.52071889	YES	
25	3.1	71	220.1	11.2	6.10	16.53544675	YES	
26	1.2	71	85.2	10.4	6.40	15.66335633	YES	
27	1.2	71	85.2	11.3	6.10	13.40508809	YES	
28	1.2	71	85.2	10.9	6.20	14.20044109	YES	
29	1.2	71	85.2	9.9	6.20	15.11537064	YES	
30	1.2	71	85.2	11.1	6.10	13.57107286	YES	
31								

[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

PAGE 2 of 2