

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

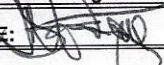
Month/Year: May-24

System Name: Rand Ranger Station & Info. Center ID#: 41 94758 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 <sup>1</sup> [NTU]
1	30.00	29.00	1.00	25.00	0.03	0.03
2	30.00	29.00	1.00	25.00	0.03	0.03
3	30.00	29.00	1.00	25.00	0.03	0.03
4	30.00	29.00	1.00	25.00	0.03	0.03
5	30.00	29.00	1.00	25.00	0.04	0.04
6	30.00	29.00	1.00	25.00	0.03	0.03
7	30.00	29.00	1.00	25.00	0.03	0.03
8	30.00	29.00	1.00	25.00	0.03	0.03
9	30.00	29.00	1.00	25.00	0.03	0.03
10	30.00	29.00	1.00	25.00	0.04	0.04
11	30.00	29.00	1.00	25.00	0.03	0.03
12	30.00	29.00	1.00	25.00	0.03	0.03
13	30.00	29.00	1.00	25.00	0.03	0.03
14	30.00	29.00	1.00	25.00	0.04	0.04
15	30.00	29.00	1.00	25.00	0.03	0.03
16	30.00	29.00	1.00	25.00	0.02	0.02
17	30.00	29.00	1.00	25.00	0.04	0.04
18	30.00	29.00	1.00	25.00	0.03	0.03
19	30.00	29.00	1.00	25.00	0.03	0.03
20	30.00	29.00	1.00	25.00	0.03	0.03
21	30.00	29.00	1.00	25.00	0.03	0.03
22	30.00	29.00	1.00	25.00	0.02	0.02
23	30.00	29.00	1.00	25.00	0.04	0.04
24	30.00	29.00	1.00	25.00	0.03	0.03
25	30.00	29.00	1.00	25.00	0.02	0.02
26	30.00	29.00	1.00	25.00	0.03	0.03
27	30.00	29.00	1.00	25.00	0.03	0.03
28	30.00	29.00	1.00	25.00	0.03	0.03
29	30.00	29.00	1.00	25.00	0.03	0.03
30	30.00	29.00	1.00	25.00	0.03	0.03
31	30.00	29.00	1.00	25.00	0.03	0.03

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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 filter, at what PSID

PRINTED NAME: Greg Montague  
 SIGNATURE:   
 DATE: 6/6/24  
 PHONE #: (541) 659-6904  
 CERT #: D-09444

<sup>1</sup> 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: ind Ranger Station & Info. Cen ID#: 41 94758

Month/Year:

May-24

Disinfection  
Giardia Log  
Inactiv:

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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.1	62	68.2	14.4	9.15	63.3	YES	3
2	1.18	62	73.2	13.9	9.10	64.8	YES	3
3	1.15	62	71.3	13.8	9.12	65.5	YES	3
4	1.12	62	69.4	13.3	9.10	66.9	YES	3
5	1.15	62	71.3	13.5	9.08	65.8	YES	3
6	1.21	62	75.0	13.4	9.11	67.4	YES	3
7	1.23	62	76.3	12.8	9.20	72.7	YES	3
8	1.22	62	75.6	13.1	9.13	69.4	YES	3
9	1.2	62	74.4	19.9	9.12	44.0	YES	3
10	1.16	62	71.9	18.6	9.21	49.4	YES	3
11	1.12	62	69.4	17.4	9.11	51.3	YES	3
12	1.24	62	76.9	15.4	9.03	57.6	YES	3
13	1.28	62	79.4	17.2	9.10	52.7	YES	3
14	1.14	62	70.7	16.9	9.12	53.3	YES	3
15	1.07	62	66.3	16.8	9.09	52.7	YES	3
16	1.02	62	63.2	17.3	9.11	51.0	YES	3
17	0.98	62	60.8	19.9	9.12	42.9	YES	3
18	1.15	62	71.3	17.4	9.10	51.3	YES	3
19	1.12	62	69.4	13.2	9.12	67.9	YES	3
20	1.1	62	68.2	15.2	9.08	58.5	YES	3
21	1.07	62	66.3	16.5	9.12	54.3	YES	3
22	1.36	62	84.3	18.1	9.04	49.0	YES	3
23	1.36	62	84.3	17.3	9.09	52.7	YES	3
24	1.36	62	84.3	16.9	9.12	54.7	YES	3
25	1.31	62	81.2	17.2	9.11	53.1	YES	3
26	1.3	62	80.6	17.7	9.12	51.5	YES	3
27	1.29	62	80.0	18.2	9.07	48.9	YES	3
28	1.29	62	80.0	18.2	9.07	48.9	YES	3
29	1.19	62	73.8	17.1	9.11	52.7	YES	3
30	1.22	62	75.6	17.2	9.12	52.7	YES	3
31	1.15	62	71.3	17.1	9.11	52.5	YES	3

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

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

Revised November 2022