

OHA - Drinking Water Services - Surface Water Quality Data Form

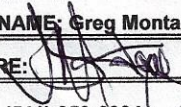
County: Josephine

Cartridge or Bag Filtration

Month/Year: Jun-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 ¹ [NTU]
1	30.00	29.00	1.00	25.00	0.04	0.04
2	30.00	29.00	1.00	25.00	0.21	0.21
3	30.00	29.00	1.00	25.00	0.07	0.07
4	30.00	29.00	1.00	25.00	0.04	0.04
5	30.00	29.00	1.00	25.00	0.02	0.02
6	30.00	29.00	1.00	25.00	0.03	0.03
7	30.00	29.00	1.00	25.00	0.04	0.04
8	30.00	29.00	1.00	25.00	0.04	0.04
9	30.00	29.00	1.00	25.00	0.03	0.03
10	30.00	29.00	1.00	25.00	0.03	0.03
11	30.00	29.00	1.00	25.00	0.04	0.04
12	30.00	29.00	1.00	25.00	0.04	0.04
13	30.00	29.00	1.00	25.00	0.04	0.04
14	30.00	29.00	1.00	25.00	0.04	0.04
15	30.00	29.00	1.00	25.00	0.06	0.06
16	30.00	29.00	1.00	25.00	0.11	0.11
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	0.04	0.04
20	30.00	29.00	1.00	25.00	0.04	0.04
21	30.00	29.00	1.00	25.00	0.03	0.03
22	30.00	29.00	1.00	25.00	0.09	0.09
23	30.00	29.00	1.00	25.00	0.04	0.04
24	30.00	29.00	1.00	25.00	0.05	0.05
25	30.00	29.00	1.00	25.00	0.04	0.04
26	30.00	29.00	1.00	25.00	0.04	0.04
27	30.00	29.00	1.00	25.00	0.03	0.03
28	30.00	29.00	1.00	25.00	0.06	0.06
29	30.00	29.00	1.00	25.00	0.05	0.05
30	30.00	29.00	1.00	25.00	0.16	0.16

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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:  PHONE #: (541) 659-6904 DATE: 7/8/2024 CERT #: D-09444	

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- :
Disinfection <i>Giardia</i> Log Inactiv:
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System Name: **Ind Ranger Station & Info. Cen ID#: 41 94758**

Month/Year: **Jun-24**

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	1.12	62	69.4	22.3	8.91	34.4	YES	3
2	1.09	62	67.6	21.4	8.92	36.6	YES	3
3	1.07	62	66.3	20.6	8.97	39.2	YES	3
4	1.15	62	71.3	19.5	8.96	42.4	YES	3
5	1.09	62	67.6	18.1	9.06	47.9	YES	3
6	1.26	62	78.1	18.8	9.01	45.7	YES	3
7	1.2	62	74.4	18.6	8.72	41.4	YES	3
8	1.15	62	71.3	19.1	9.04	44.8	YES	3
9	1.12	62	69.4	18.4	8.96	45.4	YES	3
10	1.06	62	65.7	19.2	8.84	40.9	YES	3
11	1.03	62	63.9	20.2	9.01	40.6	YES	3
12	0.98	62	60.8	20.4	9.02	40.0	YES	3
13	0.92	62	57.0	21.8	9.30	40.2	YES	3
14	1.51	62	93.6	19.6	9.03	45.0	YES	3
15	1.5	62	93.0	18.7	8.95	46.3	YES	3
16	1.49	62	92.4	18.1	8.98	48.7	YES	3
17	1.47	62	91.1	17.0	8.93	51.3	YES	3
18	1.34	62	83.1	17.3	8.96	50.1	YES	3
19	1.23	62	76.3	19.6	8.97	42.6	YES	3
20	1.18	62	73.2	19.9	8.98	41.7	YES	3
21	0.88	62	54.6	21.3	8.95	36.3	YES	3
22	0.95	62	58.9	22.1	8.93	34.5	YES	3
23	1.06	62	65.7	22.6	8.91	33.5	YES	3
24	1.11	62	68.8	21.8	8.91	35.6	YES	3
25	1.09	62	67.6	21.3	8.98	37.6	YES	3
26	1.07	62	66.3	21.5	8.97	36.9	YES	3
27	1.05	62	65.1	21.3	8.96	37.2	YES	3
28	1.05	62	65.1	21.7	8.94	35.9	YES	3
29	1.08	62	67.0	21.3	8.90	36.5	YES	3
30	1.11	62	68.8	21.1	8.93	37.5	YES	3

² If Cl₂ 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