

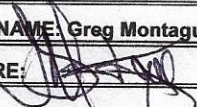
OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Sep-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	0.02	0.02
2	30.00	29.00	1.00	25.00	0.03	0.03
3	30.00	29.00	1.00	25.00	0.02	0.02
4	30.00	29.00	1.00	25.00	0.03	0.03
5	30.00	29.00	1.00	25.00	0.03	0.03
6	30.00	29.00	1.00	25.00	0.02	0.02
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	0.12	0.12
10	30.00	29.00	1.00	25.00	0.03	0.03
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	0.03	0.03
15	30.00	29.00	1.00	25.00	0.02	0.02
16	30.00	29.00	1.00	25.00	0.02	0.02
17	30.00	29.00	1.00	25.00	0.03	0.03
18	30.00	29.00	1.00	25.00	0.02	0.02
19	30.00	29.00	1.00	25.00	0.03	0.03
20	30.00	29.00	1.00	25.00	0.02	0.02
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	0.03	0.03
24	30.00	29.00	1.00	25.00	0.02	0.02
25	30.00	29.00	1.00	25.00	0.04	0.04
26	30.00	29.00	1.00	25.00	0.03	0.03
27	30.00	29.00	1.00	25.00	0.04	0.04
28	30.00	29.00	1.00	25.00	0.02	0.02
29	30.00	29.00	1.00	25.00	0.03	0.03
30	30.00	29.00	1.00	25.00	0.02	0.02

<p align="center"><b>Cartridge &amp; Bag Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>		<p align="center"><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.</p>		<p>PRINTED NAME: Greg Montague</p> <p>SIGNATURE: </p> <p>PHONE #: (541) 659-6904</p>	
		DATE: 10/4/2024	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: Sep-24	Disinfection Giardia Log Inactiv:	1
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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	0.85	62	52.7	23.5	9.00	31.9	YES	3
2	1.07	62	66.3	23.1	8.99	33.4	YES	3
3	1.03	62	63.9	22.8	9.01	34.2	YES	3
4	0.98	62	60.8	22.7	9.02	34.4	YES	3
5	0.86	62	53.3	22.9	9.01	33.3	YES	3
6	0.76	62	47.1	23.1	9.02	32.6	YES	3
7	0.73	62	45.3	23.4	9.01	31.8	YES	3
8	0.89	62	55.2	22.6	8.98	33.7	YES	3
9	0.92	62	57.0	23.0	8.95	32.6	YES	3
10	0.79	62	49.0	22.8	9.01	33.3	YES	3
11	0.74	62	45.9	22.6	9.02	33.7	YES	3
12	0.69	62	42.8	21.8	9.03	35.4	YES	3
13	0.9	62	55.8	19.4	8.99	41.9	YES	3
14	0.91	62	56.4	19.9	9.06	41.7	YES	3
15	0.85	62	52.7	20.5	9.04	39.5	YES	3
16	0.82	62	50.8	20.0	8.99	39.9	YES	3
17	0.8	62	49.6	19.9	9.01	40.4	YES	3
18	0.75	62	46.5	19.8	9.01	40.4	YES	3
19	1.21	62	75.0	19.8	9.02	42.8	YES	3
20	1.2	62	74.4	19.7	9.03	43.2	YES	3
21	1.19	62	73.8	19.5	9.05	44.0	YES	3
22	1.23	62	76.3	19.4	9.01	43.9	YES	3
23	1.13	62	70.1	19.9	9.02	42.1	YES	3
24	1.1	62	68.2	19.8	9.01	42.1	YES	3
25	1.06	62	65.7	19.9	9.04	42.1	YES	3
26	0.97	62	60.1	19.9	9.05	41.8	YES	3
27	0.89	62	55.2	19.8	9.02	41.2	YES	3
28	0.83	62	51.5	19.9	9.06	41.3	YES	3
29	1.02	62	63.2	19.7	9.04	42.4	YES	3
30	0.98	62	60.8	19.7	9.06	42.6	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