

JUNE 2025

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year: **Jun-25**

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	28.00	2.00	25.00	0.03	0.03
2	30.00	28.00	2.00	25.00	0.03	0.03
3	30.00	28.00	2.00	25.00	0.02	0.02
4	30.00	28.00	2.00	25.00	0.03	0.03
5	30.00	28.00	2.00	25.00	0.03	0.03
6	30.00	28.00	2.00	25.00	0.02	0.02
7	30.00	28.00	2.00	25.00	0.04	0.04
8	30.00	28.00	2.00	25.00	0.03	0.03
9	30.00	28.00	2.00	25.00	0.05	0.05
10	30.00	28.00	2.00	25.00	0.02	0.02
11	30.00	28.00	2.00	25.00	0.03	0.03
12	30.00	28.00	2.00	25.00	0.20	0.20
13	30.00	28.00	2.00	25.00	0.03	0.03
14	30.00	28.00	2.00	25.00	0.03	0.03
15	30.00	28.00	2.00	25.00	0.03	0.03
16	30.00	28.00	2.00	25.00	0.03	0.03
17	30.00	28.00	2.00	25.00	0.03	0.03
18	30.00	28.00	2.00	25.00	0.03	0.03
19	30.00	28.00	2.00	25.00	0.03	0.03
20	30.00	28.00	2.00	25.00	0.17	0.17
21	30.00	28.00	2.00	25.00	0.02	0.02
22	30.00	28.00	2.00	25.00	0.04	0.04
23	30.00	28.00	2.00	25.00	0.04	0.04
24	30.00	28.00	2.00	25.00	0.04	0.04
25	30.00	28.00	2.00	25.00	0.02	0.02
26	30.00	28.00	2.00	25.00	0.02	0.02
27	30.00	28.00	2.00	25.00	0.02	0.02
28	30.00	28.00	2.00	25.00	0.04	0.04
29	30.00	28.00	2.00	25.00	0.03	0.03
30	30.00	28.00	2.00	25.00	0.02	0.02

Cartridge & Bag Filtration 95% of daily turbidity readings $\leq$ 1 NTU? <u>Yes</u> / No All daily turbidity readings $\leq$ 5 NTU? <u>Yes</u> / 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.	Monthly Summary (Answer Yes or No) <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <u>Yes</u> / No</td> <td style="width: 50%;">All Cl2 residual at entry point $\geq$ 0.2 mg/l? <u>Yes</u> / No</td> </tr> </table> PRINTED NAME: Greg Montague <table style="width: 100%;"> <tr> <td style="width: 50%;">SIGNATURE: </td> <td style="width: 50%;">DATE: 7/4/2025</td> </tr> <tr> <td>PHONE #: (544) 659-8904</td> <td>CERT #: D-09444</td> </tr> </table>	CT's met everyday? (see back) <u>Yes</u> / No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <u>Yes</u> / No	SIGNATURE:	DATE: 7/4/2025	PHONE #: (544) 659-8904	CERT #: D-09444
CT's met everyday? (see back) <u>Yes</u> / No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <u>Yes</u> / No						
SIGNATURE:	DATE: 7/4/2025						
PHONE #: (544) 659-8904	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
Giardia Log
Inactiv:

System Name: and Ranger Station & Info. Cen ID#: 41 94758

Month/Year: Jun-25

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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	1.08	62	67.0	19.7	9.01	42.3	YES	3
2	1.04	62	64.5	20.1	9.01	41.0	YES	3
3	1.23	62	76.3	20.2	9.01	41.6	YES	3
4	1.23	62	76.3	19.3	8.95	43.2	YES	3
5	1.21	62	75.0	20.4	9.02	41.1	YES	3
6	1.17	62	72.5	22.4	8.96	35.0	YES	3
7	1.24	62	76.9	20.6	8.99	40.2	YES	3
8	1.22	62	75.6	21.4	9.01	38.4	YES	3
9	1.19	62	73.8	22.4	9.02	35.9	YES	3
10	1.08	62	67.0	23.4	9.07	33.8	YES	3
11	1.04	62	64.5	23.0	9.06	34.4	YES	3
12	1.04	62	64.5	21.3	9.06	38.5	YES	3
13	1.01	62	62.6	20.6	9.04	39.9	YES	3
14	0.99	62	61.4	19.1	9.05	44.2	YES	3
15	0.96	62	59.5	19.5	9.10	43.7	YES	3
16	0.93	62	57.7	20.0	9.10	42.1	YES	3
17	1.29	62	80.0	20.2	9.10	43.3	YES	3
18	1.28	62	79.4	20.7	9.10	41.8	YES	3
19	1.33	62	82.5	20.1	9.11	43.9	YES	3
20	1.45	62	89.9	19.4	9.11	46.6	YES	3
21	1.46	62	90.5	18.1	8.94	47.8	YES	3
22	1.41	62	87.4	17.9	9.02	49.6	YES	3
23	1.37	62	84.9	17.9	9.08	50.5	YES	3
24	1.28	62	79.4	19.7	9.07	44.2	YES	3
25	1.23	62	76.3	19.8	9.02	42.9	YES	3
26	1.17	62	72.5	20.3	9.03	41.3	YES	3
27	1.08	62	67.0	20.8	9.04	39.7	YES	3
28	1.21	62	75.0	21.2	9.06	39.6	YES	3
29	1.2	62	74.4	21.4	9.04	38.7	YES	3
30	1.15	62	71.3	21.6	9.06	38.3	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.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised November 2022