

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year: **Oct-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	29.00	27.00	2.00	25.00	0.03	0.03
2	29.00	26.00	3.00	25.00	0.06	0.06
3	29.00	26.00	3.00	25.00	0.04	0.04
4	29.00	26.00	3.00	25.00	0.03	0.03
5	29.00	26.00	3.00	25.00	0.04	0.04
6	28.00	26.00	2.00	25.00	0.04	0.04
7	29.00	26.00	3.00	25.00	0.04	0.04
8	29.00	26.00	3.00	25.00	0.05	0.05
9	29.00	26.00	3.00	25.00	0.03	0.03
10	29.00	26.00	3.00	25.00	0.04	0.04
11	29.00	26.00	3.00	25.00	0.03	0.03
12	29.00	26.00	3.00	25.00	0.08	0.08
13	29.00	26.00	3.00	25.00	0.03	0.03
14	29.00	26.00	3.00	25.00	0.03	0.03
15	29.00	26.00	3.00	25.00	0.04	0.04
16	29.00	26.00	3.00	25.00	0.04	0.04
17	29.00	26.00	3.00	25.00	0.04	0.04
18	29.00	26.00	3.00	25.00	0.03	0.03
19	29.00	26.00	3.00	25.00	0.04	0.04
20	28.00	25.00	3.00	25.00	0.04	0.04
21	28.00	25.00	3.00	25.00	0.07	0.07
22	28.00	25.00	3.00	25.00	0.04	0.04
23	28.00	25.00	3.00	25.00	0.04	0.04
24	28.00	25.00	3.00	25.00	0.05	0.05
25	28.00	25.00	3.00	25.00	0.03	0.03
26	28.00	25.00	3.00	25.00	0.04	0.04
27	28.00	25.00	3.00	25.00	0.05	0.05
28	28.00	25.00	3.00	25.00	0.07	0.07
29	28.00	25.00	3.00	25.00	0.07	0.07
30	28.00	25.00	3.00	25.00	0.04	0.04
31	28.00	25.00	3.00	25.00	0.04	0.04

<p>Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>
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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: 10/31/2025
PHONE #: (541) 659-6904	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

System Name: Ind Ranger Station & Info. Cen ID#: 41 94758		Month/Year: Oct-25	WTP- :	
			Disinfection Giardia Log Inactiv:	1

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	1.11	62	68.8	18.7	9.03	45.6	YES	3
2	1.3	62	80.6	17.9	9.05	49.5	YES	3
3	1.38	62	85.6	17.6	9.05	51.0	YES	3
4	1.34	62	83.1	17.3	9.06	52.0	YES	3
5	1.28	62	79.4	17.1	9.04	51.9	YES	3
6	1.23	62	76.3	16.9	9.07	52.9	YES	3
7	1.15	62	71.3	16.8	9.06	52.6	YES	3
8	1.05	62	65.1	16.4	9.07	53.6	YES	3
9	1.05	62	65.1	16.5	9.08	53.4	YES	3
10	1.04	62	64.5	16.3	9.07	53.9	YES	3
11	1.03	62	63.9	16.1	9.09	54.9	YES	3
12	1.02	62	63.2	15.9	9.11	56.0	YES	3
13	1.18	62	73.2	15.7	9.11	57.8	YES	3
14	1.16	62	71.9	15.4	9.11	58.8	YES	3
15	1.19	62	73.8	15.3	9.12	59.6	YES	3
16	1.17	62	72.5	15.2	9.13	60.1	YES	3
17	1.15	62	71.3	14.2	9.14	64.2	YES	3
18	1.13	62	70.1	15.2	9.13	59.8	YES	3
19	1.2	62	74.4	15.8	9.13	57.9	YES	3
20	1.24	62	76.9	15.3	9.12	59.9	YES	3
21	1.24	62	76.9	14.4	9.09	62.9	YES	3
22	1.22	62	75.6	13.9	9.11	65.3	YES	3
23	1.24	62	76.9	13.8	9.10	65.7	YES	3
24	1.25	62	77.5	14.0	9.11	65.1	YES	3
25	1.31	62	81.2	14.4	9.02	61.8	YES	3
26	1.29	62	80.0	14.0	9.05	64.0	YES	3
27	1.15	62	71.3	13.3	9.11	67.4	YES	3
28	1.21	62	75.0	12.6	9.17	72.6	YES	3
29	1.17	62	72.5	13.5	9.15	67.7	YES	3
30	1.15	62	71.3	13.9	9.16	66.0	YES	3
31	1.12	62	69.4	13.9	9.12	64.8	YES	3

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