

OHA - Drinking Water Services - Surface Water Quality Data Reporting Form (report monthly)

Month/Year: 12-3-2023

System Name: Trask River RV Park		ID#: 41-95561	WTP- A	Disinfection <i>virus</i> Log Inactivation: 4.0 (provided Required CT Met)		Notes
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temperature	Required CT (see bottom table - value is based on temperature)	Required CT Met? ²
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No
1	1.8	8	14.4	43	8	yes
2	1.8	8	14.4	43	8	yes
3	1.8	8	14.4	43	8	yes
4	1.8	8	14.4	43	8	yes
5	1.8	8	14.4	43	8	yes
6	1.8	8	14.4	43	8	yes
7	1.8	8	14.4	43	8	yes
8	1.8	8	14.4	43	8	yes
9	1.8	8	14.4	43	8	yes
10	1.8	8	14.4	43	8	yes
11	1.8	8	14.4	43	8	yes
12	1.8	8	14.4	43	8	yes
13	1.8	8	14.4	43	8	yes
14	1.8	8	14.4	43	8	yes
15	1.8	8	14.4	43	8	yes
16	1.8	8	14.4	43	8	yes
17	1.8	8	14.4	43	8	yes
18	1.8	8	14.4	43	8	yes
19	1.8	8	14.4	43	8	yes
20	1.8	8	14.4	43	8	yes
21	1.8	8	14.4	43	8	yes
22	1.8	8	14.4	43	8	yes
23	1.8	8	14.4	43	8	yes
24	1.8	8	14.4	43	8	yes
25	1.8	8	14.4	43	8	yes
26	1.8	8	14.4	43	8	yes
27	1.8	8	14.4	43	8	yes
28	1.8	8	14.4	43	8	yes
29	1.8	8	14.4	43	8	yes
30	1.8	8	14.4	43	8	yes
31	1.8	8	14.4	43	8	yes

If Cl₂ at entry point < 0.2 mg/l or the CT not met, notify DWS within 24 hours.

Required CT for viral inactivation (for pH range of 6.0 to 9.9)

Temp (C°)	0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 - 24.9	≥ 25.0 C
Required CT	12	8	6	4	3	2

Return by 10th of following month by email, fax or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350