HA - Drinking	Water Services - Surf	ace Water Quality Da	ta Form	County:	Multnoma	
artridge or Ba	g Filtration <u>with</u> UV <i>G</i>	iardia/Crypto/Viral Di	Month/Year:	Apr-24		
/stem Name:	PAE Living Building	Rain Harvest System	WS ID#: 41-	95690 WTP ID:		
	Change Filter at max	x PSID = 35 psi	(see manufacturer's specification)			
		Pressure Loss			rbidity	
Day	PSI Before Filter	PSI After Filter	PSID	Compliance Turbidity [NTU]	Highest NTU of the day 1	
1	OFF					
2	OFF					
3	OFF					
4	36.00	11.00	25.00	0.07	0.156	
5	OFF					
6	OFF					
7	OFF					
8	OFF					
9	OFF					
10	OFF					
11	OFF					
12	OFF					
13	OFF					
14	OFF					
15	OFF					
16	OFF					
17	OFF					
18	OFF					
19	20.00	12.00	8.00	0.07	0.79	
20	OFF					
21	OFF					
22	OFF					
23	OFF					
24	OFF					
25	20.00	14.00	6.00	0.08	0.87	
26	20.00	14.00	6.00	0.09	0.818	
27	OFF					
28	OFF					
29	OFF					
30	OFF					
		Cartridge & Bag Filtra	tion (circle Yes	or No)		
	95% of dail	y turbidity readings ≤ 1 N	ITU?	Y	es /No	
	All daily t	turbidity readings ≤ 5 NT	U?		es /No	
		Monthly UV Summa	ary (circle Yes or	No)	_	
		ec water produced less than 5		<u> </u>	(es /)No	
-	ounds per square inch			IE: Dustin T. Thorson		
SID = pounds pe	er square inch difference (b	etore filter - after filter)	DATE: 5/6/24			
HONE #: (503) 224-3454 CERT #: T1-323544			SIGNATURE:	Dustin T. Thorson		

¹ If one NTU value per day measured, value same as <u>Compliance Turbidity</u>. Intended for multiple readings per day. Used for optimization efforts on <u>Highest NTU of the day</u> is for optimization, not compliance. <u>Highest</u> is only for state-wide tracking of performance among all treatment systems.

OHA - Drinking	County:	Multnomah			
Cartridge or Ba	Month/Year:	Apr-24			
System Name:	PAE Living Building Rain Harvest System	ID# 41-	95690	WTP ID:	

Minimum Valid	ated UVI:	//.50%		Min. UV Dose achie	evea/intended this	month: 69507 166 7 _{cm} 2
Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[^{gpm} / _{unit}]	[^{mW} / _{cm} 2]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1	OFF					
2	OFF					
3	OFF					
4	9.5	222	Υ	745	-	
5	OFF					
6	OFF					
7	OFF					
8	OFF					
9	OFF					
10	OFF					
11	OFF					
12	OFF					
13	OFF					
14	OFF					
15	OFF					
16	OFF					
17	OFF					
18	OFF					
19	12.2	208	Υ	700	-	
20	OFF					
21	OFF					
22	OFF					
23	OFF					
24	OFF					
25	11.5	180	Υ	900	-	
26	12.1	208	Υ	621	-	
27	OFF					
28	OFF					
29	OFF					
30	OFF					
	Monthly Cun	nulative %	Off-Spec W	ater Produced ²		

 $^{^2}$ If $\geq 5\%$ of total water produced is off-spec., notify DWS within 24 hours.

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

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

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