

Cartridge or Bag Filtration

System Name: **Swisshome village** ID#: **4100854** 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				20.00	NP	
2				20.00	NP	
3				20.00	NP	
4				20.00	NP	
5				20.00	NP	
6				20.00	NP	
7	50.00	50.00	0.00	20.00	0.22	
8	50.00	50.00	0.00	20.00	0.29	
9	50.00	50.00	0.00	20.00	0.28	
10	50.00	50.00	0.00	20.00	0.33	
11	50.00	50.00	0.00	20.00	0.41	
12				20.00	NP	
13				20.00	NP	
14				20.00	NP	
15				20.00	NP	
16				20.00	NP	
17				20.00	NP	
18	50.00	48.00	2.00	20.00	0.37	
19	50.00	48.00	2.00	20.00	0.42	
20	50.00	48.00	2.00	20.00	0.54	
21	50.00	48.00	2.00	20.00	0.27	
22	50.00	48.00	2.00	20.00	0.46	
23	50.00	48.00	2.00	20.00	0.34	
24	50.00	48.00	2.00	20.00	0.85	
25	50.00	46.00	4.00	20.00	0.70	
26	50.00	46.00	4.00	20.00	0.55	
27	50.00	46.00	4.00	20.00	0.66	
28	50.00	46.00	4.00	20.00	0.71	
29	50.00	46.00	4.00	20.00	0.78	
30	50.00	44.00	6.00	20.00	0.38	
31	50.00	44.00	6.00	20.00	0.26	

Cartridge & Bag Filtration			Monthly Summary (Answer Yes or No)		
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> 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.

PRINTED NAME: Matt Grassauer
 SIGNATURE: *[Signature]* DATE: 4/9/2021
 PHONE #: (541) 972.1859 CERT #:

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: -

System Name: **Swisshome village** ID#: **41 00854** Month/Year: **3/2021** 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	0.6	232	139.2			8.7	YES	
2	0.6	232	139.2			8.7	YES	
3	0.5	232	116.0			8.6	YES	
4	0.5	232	116.0			8.6	YES	
5	0.5	232	116.0			8.6	YES	
6	0.4	232	92.8	7.9	7.20	44.4	YES	
7	0.5	232	116.0	7.7	7.30	47.1	YES	
8	0.4	232	92.8	7.1	7.20	46.8	YES	
9	0.4	232	92.8	7.6	7.30	46.9	YES	
10	0.4	232	92.8	9.5	7.40	42.9	YES	
11	0.4	232	92.8	11.2	7.50	39.7	YES	
12	0.6	232	139.2			8.7	YES	
13	0.6	232	139.2			8.7	YES	
14	0.6	232	139.2			8.7	YES	
15	0.5	232	116.0			8.6	YES	
16	0.5	232	116.0			8.6	YES	
17	0.5	232	116.0			8.6	YES	
18	0.5	232	116.0	9.7	7.40	42.8	YES	
19	0.7	232	162.4	9.0	7.40	45.8	YES	
20	0.7	232	162.4	8.5	7.50	49.1	YES	
21	0.8	232	185.6	9.0	7.40	46.3	YES	
22	0.8	232	185.6	9.7	7.40	44.3	YES	
23	0.6	232	139.2	8.8	7.50	47.6	YES	
24	0.3	232	69.6	9.5	7.40	42.4	YES	
25	0.5	232	116.0	10.0	7.50	43.4	YES	
26	0.6	232	139.2	11.4	7.50	40.1	YES	
27	0.7	232	162.4	12.5	7.50	37.4	YES	
28	0.9	232	208.8	11.1	7.40	40.8	YES	
29	1.2	232	278.4	9.6	7.50	48.3	YES	
30	1	232	232.0	8.5	7.60	52.6	YES	
31	0.6	232	139.2	9.8	7.60	46.1	YES	

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:

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