

OHA - Drinking Water Services - Surface Water Quality Data Form					County:	Josephine
Cartridge or Bag Filtration					Month/Year:	Dec-25
System Name:	Galice Resort			ID#: 41-90808	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	50.00	50.00	0	25.00	0.11	0.11
2	45.00	45.00	0	25.00	0.10	0.10
3	44.00	44.00	0	25.00	0.10	0.10
4	42.00	42.00	0	25.00	0.08	0.08
5	15.00	15.00	0	25.00	0.08	0.08
6	15.00	15.00	0	25.00	0.09	0.09
7	15.00	15.00	0	25.00	0.10	0.10
8	15.00	15.00	0	25.00	0.09	0.09
9	35.00	35.00	0	25.00	0.10	0.10
10	48.00	48.00	0	25.00	0.10	0.10
11	40.00	40.00	0	25.00	0.08	0.08
12	40.00	40.00	0	25.00	0.10	0.10
13	62.00	62.00	0	25.00	0.10	0.10
14	58.00	58.00	0	25.00	0.09	0.09
15	60.00	60.00	0	25.00	0.10	0.10
16				25.00		system offline
17				25.00		system offline
18				25.00		system offline
19	50.00	50.00	0	25.00	0.11	0.11
20	46.00	46.00	0	25.00	0.13	0.13
21	45.00	45.00	0	25.00	0.18	0.18
22	55.00	55.00	0	25.00	0.16	0.16
23				25.00		system offline
24				25.00		System offline
25				25.00		System offline
26	56.00	56.00	0	25.00	0.30	0.30
27	55.00	55.00	0	25.00	0.32	0.32
28	60.00	60.00	0	25.00	0.22	0.22
29	60.00	60.00	0	25.00	0.16	0.16
30	60.00	60.00	0	25.00	0.19	0.19
31	60.00	60.00	0	25.00	0.15	0.15
Cartridge & Bag Filtration				Monthly Summary (Answer Yes or No)		
95% of daily turbidity readings ≤ 1 NTU?				Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?				Yes	Yes	Yes
Notes: PSI = pounds per square inch				PRINTED NAME: Kurt Swanson		
PSID = pounds per square inch difference (before filter - after filter)				SIGNATURE: Kurt Swanson		
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.				541-476-3818		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:	GALICE RESORT	41-90808					Disinfection Giardia Log Inactive:	0.5
		341 Gallons /GPM =(T)						
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	0.3	114	34.2	43.8	8.40	2.9	YES	3
2	0.8	114	91.2	43.9	8.30	2.9	YES	3
3	0.8	114	91.2	43.7	8.40	3.1	YES	3
4	0.8	114	91.2	43.7	8.30	3.0	YES	3
5	0.8	114	91.2	44.1	8.20	2.8	YES	3
6	0.8	114	91.2	44.2	8.50	3.13	YES	3
7	0.8	114	91.2	44.3	8.40	3.0	YES	3
8	0.8	114	91.2	44.5	8.20	2.70	YES	3
9	0.8	114	91.2	44.5	8.30	2.82	YES	3
10	0.8	114	91.2	44.7	8.40	2.89	YES	3
11	0.8	114	91.2	44.6	8.40	2.91	YES	3
12	0.8	114	91.2	44.4	8.30	2.84	YES	3
13	1	114	114	44.0	8.40	3.12	YES	3
14	0.8	114	91.2	44.4	8.20	2.72	YES	3
15	0.8	114	91.2	44.3	8.40	2.98	YES	3
16		114				system offline		3
17		114				system offline		3
18		114				system offline		3
19	1.2	114	136.8	44.7	8.20	2.80	YES	3
20	0.6	114	68.4	45.1	8.20	2.52	YES	3
21	0.6	114	68.4	45.0	8.20	2.54	YES	3
22	0.4	114	45.6	45.3	8.20	2.42	YES	3
23		114				system offline		3
24		114				system offline		3
25		114				system offline		3
26	0.8	114	91.2	45.5	8.20	2.51	YES	3
27	0.6	114	68.4	44.7	8.30	2.70	YES	3
28	0.8	114	91.2	44.7	8.30	2.77	YES	3
29	0.8	114	91.2	44.3	8.20	2.74	YES	3
30	0.8	114	91.2	44.2	7.90	2.44	YES	3
31	0.8	114	91.2	44.1	7.90	2.46	YES	3

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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