

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Jackson**  
 Month/Year: **May-23**

System Name: **Callahan's** ID#: **41 91551** WTP: **TP -**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	0.33	0.18	0.20	0.18	0.18	0.20	0.33
2	0.21	0.20	0.20	0.19	0.18	0.20	0.21
3	0.22	0.18	0.18	0.16	0.19	0.20	0.22
4	0.19	0.18	0.16	0.16	0.18	0.18	0.19
5	0.16	0.18	0.17	0.16	0.18	0.16	0.18
6	0.16	0.16	0.16	0.16	0.18	0.17	0.17
7	0.16	0.18	0.16	0.18	0.18	0.16	0.18
8	0.18	0.20	0.16	0.21	0.20	0.19	0.21
9	0.21	0.24	0.17	0.23	0.27	0.20	0.27
10	0.23	0.27	0.20	0.26	0.24	0.26	0.26
11	0.23	0.27	0.27	0.26	0.27	0.27	0.27
12	0.26	0.26	0.26	0.26	0.26	0.27	0.27
13	0.26	0.26	0.27	0.27	0.24	0.26	0.27
14	0.27	0.24	0.26	0.25	0.24	0.26	0.27
15	0.26	0.24	0.26	0.25	0.24	0.26	0.26
16	0.25	0.25	0.25	0.25	0.25	0.26	0.26
17	0.24	0.24	0.25	0.25	0.25	0.25	0.25
18	0.23	0.24	0.25	0.23	0.26	0.25	0.26
19	0.24	0.24	0.25	0.23	0.24	0.24	0.25
20	0.25	0.24	0.24	0.24	0.24	0.23	0.25
21	0.26	0.25	0.24	0.23	0.25	0.23	0.26
22	0.23	0.25	0.24	0.23	0.24	0.25	0.25
23	0.23	0.25	0.24	0.24	0.26	0.24	0.26
24	0.25	0.25	0.25	0.25	0.24	0.23	0.25
25	0.24	0.26	0.24	0.26	0.24	0.24	0.26
26	0.24	0.25	0.25	0.26	0.25	0.24	0.26
27	0.23	0.24	0.24	0.26	0.24	0.22	0.26
28	0.24	0.24	0.24	0.23	0.24	0.22	0.24
29	0.26	0.25	0.24	0.24	0.23	0.23	0.26
30	0.25	0.24	0.24	0.24	0.23	0.24	0.25
31	0.24	0.24	0.24	0.23	0.23	0.23	0.24

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup>	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input type="radio"/> Yes / <input checked="" type="radio"/> No
Notes: Do we need Cl <sub>2</sub> greater than .2 mg/l if meeting CT?		Mark Cleaner	
		SIGNATURE: <i>[Signature]</i>	6/10/2023
		5303834088	CERT #:

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.



OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name: Callahan's

ID#: 41

Month/Year: May-23

Disinfection *Giardia* Log  
Inactiv: 1.0

Date / Time	Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.77	25.2	44.6	8.9	6.85	43.0	YES	
2	1.75	25.2	44.1	8.9	6.80	42.1	YES	
3	1.77	25.2	44.6	8.3	6.83	44.3	YES	
4	1.73	25.2	43.6	8.8	6.85	43.0	YES	
5	1.77	25.2	44.6	8.8	6.84	43.0	YES	
6	1.75	25.2	44.1	8.8	6.80	42.3	YES	
7	1.82	25.2	45.9	8.8	6.90	44.2	YES	
8	1.8	25.2	45.4	8.8	6.90	44.1	YES	
9	1.8	25.2	45.4	8.8	6.80	42.6	YES	
10	1.8	25.2	45.4	9.4	6.90	42.4	YES	
11	1.75	25.2	44.1	9.5	7.00	43.4	YES	
12	1.75	25.2	44.1	10.0	7.00	42.0	YES	
13	1.7	25.2	42.8	10.0	7.00	41.7	YES	
14	1.95	25.2	49.1	10.5	7.00	41.5	YES	
15	1.95	25.2	49.1	10.5	7.00	41.5	YES	
16	2	25.2	50.4	10.5	6.95	41.0	YES	
17	2	25.2	50.4	10.5	6.94	40.9	YES	
18	2	25.2	50.4	10.5	6.94	40.9	YES	
19	2	25.2	50.4	10.5	6.94	40.9	YES	
20	2	25.2	50.4	10.5	6.94	40.9	YES	
21	2.1	25.2	52.9	10.5	6.84	39.9	YES	
22	2.1	25.2	52.9	10.5	6.90	40.8	YES	
23	2	25.2	50.4	10.3	6.83	39.9	YES	
24	2.1	25.2	52.9	10.5	6.83	39.8	YES	
25	2.1	25.2	52.9	10.5	6.83	39.8	YES	
26	2.1	25.2	52.9	10.5	6.83	39.8	YES	
27	2.1	25.2	52.9	10.5	6.83	39.8	YES	
28	2.2	25.2	55.4	10.5	6.85	40.5	YES	
29	2.2	25.2	55.4	10.5	6.86	40.7	YES	
30	2.2	25.2	55.4	10.8	6.83	39.5	YES	
31	2.2	25.2	55.4	10.8	6.83	39.5	YES	

<sup>3</sup> If Cl<sub>2</sub> 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