

OHA - Drinking Water Services - Turbidity Monitoring Report Form
 Cartridge or Bag Filtration

County: Jackson
 Month/Year: Aug-24

System Name: Callahan's ID# 41 91551 WTP ID:

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	7	5	2	30	.15	.15
2	7	5	2	30	.17	.17
3	7	5	2	30	.16	.16
4	7	5	2	30	.16	.16
5	7	5	2	30	.17	.17
6	7	5	2	30	.16	.16
7	7	5	2	30	.16	.16
8	7	5	2	30	.17	.17
9	7	5	2	30	.16	.16
10	7	5	2	30	.17	.17
11	7	5	2	30	.16	.16
12	7	5	2	30	.17	.17
13	7	5	2	30	.14	.14
14	7	5	2	30	.17	.17
15	7	5	2	30	.17	.17
16	7	5	2	30	.11	.11
17	7	5	2	30	.13	.13
18	7	5	2	30	.15	.15
19	7	5	2	30	.12	.12
20	7	5	2	30	.11	.11
21	7	5	2	30	.1	.1
22	7	5	2	30	.12	.12
23	7	5	2	30	.1	.1
24	7	5	2	30	.1	.1
25	7	5	2	30	.12	.12
26	7	5	2	30	.11	.11
27	7	5	2	30	.12	.12
28	7	5	2	30	.11	.11
29	7	5	2	30	.13	.13
30	7	5	2	30	.12	.12
31	7	5	2	30	.11	.11

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes: PSI = pounds per square inch
 PSID = pounds per square inch difference (before filter - after filter)
 PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME: Mark Cleaver
 SIGNATURE: [Signature]
 PHONE #: (570) 383-4088
 DATE: 9/9/24
 CERT #:

¹ Including continuous turbidity 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

Month/Year: Aug-24

System Name: Callahan's

ID# 41 91551

WTP

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	2.5	25.2	63	16.7	7.1		Yes	
2/	2.5	25.2	63	16.7	7.1		Yes	
3/	2.4	25.2	60.5	16.7	7.2		Yes	
4/	2.6	25.2	65.5	16.5	7.0		Yes	
5/	2.3	25.2	65.5	16.9	6.9		Yes	
6/	2.4	25.2	60.5	16.5	7.2		Yes	
7/	2.6	25.2	65.5	16.7	7.1		Yes	
8/	2.5	25.2	63	16.6	6.9		Yes	
9/	2.4	25.2	60.5	16.4	7.0		Yes	
10/	2.3	25.2	58	16.8	7.0		Yes	
11/	2.3	25.2	58	16.7	7.1		Yes	
12/	2.4	25.2	60.5	16.8	7.0		Yes	
13/	2.5	25.2	63	16.9	7.0		Yes	
14/	2.4	25.2	60.5	16.7	7.1		Yes	
15/	2.4	25.2	60.5	16.9	7.1		Yes	
16/	2.4	25.2	60.5	16.8	7.2		Yes	
17/	2.4	25.2	60.5	16.7	7.0		Yes	
18/	2.4	25.2	60.5	16.8	7.2		Yes	
19/	2.3	25.2	58	16.9	7.1		Yes	
20/	2.3	25.2	58	16.9	7.1		Yes	
21/	2.3	25.2	58	17	7.2		Yes	
22/	2.2	25.2	55.5	16.9	7.1		Yes	
23/	1.8	25.2	45.5	17.1	7.0		Yes	
24/	1.7	25.2	43	17.2	6.9		Yes	
25/	1.7	25.2	43	16.9	6.9		Yes	
26/	1.7	25.2	43	16.9	7.0		Yes	
27/	1.6	25.2	40.5	17	6.8		Yes	
28/	1.7	25.2	43	17.1	6.9		Yes	
29/	1.9	25.2	48	16.9	7.0		Yes	
30/	1.7	25.2	43	16.8	6.9		Yes	
31/	1.7	25.2	43	16.9	7		Yes	

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf
 Return by 10th of following month by email, fax or mail to:
 dwp.dnce@oha.oregon.gov; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350
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