stem Name:		callahans		ID#: 41	91551	WTP ID: TP-	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading o	f the day ¹ [NTU]
1	10.00	12.00	-2.00	30.00	0.15	0.1	5
2	10.00	12.00	-2.00	30.00	0.16	0.1	
3	10.00	12.00	-2.00	30.00	0.15	0.1	all man we have be
4	10.00	12.00	-2.00	30.00	0.16	0.1	6
5	10.00	12.00	-2.00	30.00	0.15	0.1	5
6	10.00	12.00	-2.00	30.00	0.16	0.1	6
7	10.00	12.00	-2.00	30.00	0.15	0.1	5
8	10.00	12.00	-2.00	30.00	0.14	0.1	4
9	10.00	12.00	-2.00	30.00	0.16	0.1	6
10	10.00	12.00	-2.00	30.00	0.17	0.1	7
11	10.00	12.00	-2.00	30.00	0.15	0.1	5
12	10.00	12.00	-2.00	30.00	0.16	0.1	6
13	10.00	12.00	-2.00	30.00	0.15	0.1	5
14	10.00	12.00	-2.00	30.00	0.14	0.1	4
15	10.00	12.00	-2.00	30.00	0.15	0.1	5
16	10.00	12.00	-2.00	30.00	0.16	0.1	6
17	10.00	12.00	-2.00	30.00	0.17	0.1	7
18	10.00	12.00	-2.00	30.00	0.14	0.1	4
19	10.00	12.00	-2.00	30.00	0.15	0.1	5
20	10.00	12.00	-2.00	30.00	0.14	0.1	4
21	10.00	12.00	-2.00	30.00	0.14	0.1	4
22	10.00	12.00	-2.00	30.00	0.15	0.1	5
23	10.00	12.00	-2.00	30.00	0.16	0.1	6
24	10.00	12.00	-2.00	30.00	0.15	0.1	5
25	10.00	12.00	-2.00	30.00	0.15	0.1	5
26	10.00	12.00	-2.00	30.00	0.16	0.1	6
27	10.00	12.00	-2.00	30.00	0.14	0.1	4
28	10.00	12.00	-2.00	30.00	0.13	0.1	3
29	10.00	12.00	-2.00	30.00	0.15	0.1	5
30	10.00	12.00	-2.00	30.00	0.16	0.1	6
31	10.00	12.00	-2.00	30.00	0.15	0.1	5
	Cartrid	ge & Bag Filtrat	ion		Monthly	Summary (Answer Y	
Y	of daily turbidity rea			Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at mg/	12

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

SIGNATURE:		6/4/2025	
	11.	OF DT A	
1	5303834088	CERT #:	

Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not

correspond to continuous readings' maximum.

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OHA - Drinking Water Services - Surface Water Quality Data Form					WTP-:		
System Name:	callahans	ID#: 41	91551	Month/Year:	May-25	Disinfection Giardia Log Inactiv:	1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	pН	Required CT	CT Met? 2	Peak Hourly Deman Flow
	[ppm or mg/L]	[minutes]	СХТ	[° C]		formula	Yes / No	[GPM]
1	2.1	25.2	52.9	8.6	7.00	47.9	YES	
2	2	25.2	50.4	8.8	6.90	45.1	YES	
3	1.9	25.2	47.9	8.9	6.80	42.8	YES	
4	2	25.2	50.4	9.0	6.90	44.5	YES	
5	2.1	25.2	52.9	8.9	6.90	45.3	YES	
6	2	25.2	50.4	9.1	6.80	42.7	YES	
7	2	25.2	50.4	9.2	6.70	41.0	YES	
8	2.1	25.2	52.9	9.1	6.80	43.2	YES	
9	2.2	25.2	55.4	9.2	6.90	44.9	YES	
10	1.9	25.2	47.9	9.2	6.80	41.9	YES	
11	2	25.2	50.4	9.2	6.70	41.0	YES	
12	2	25.2	50.4	9.4	6.80	41.9	YES	
13	2	25.2	50.4	9.3	6.90	43.6	YES	
14	2.1	25.2	52.9	9.4	6.80	42.3	YES	1.00
15	2	25.2	50.4	9.5	6.80	41.6	YES	
16	2.1	25.2	52.9	9.5	6.80	42.1	YES	
17	2	25.2	50.4	9.6	6.70	39.9	YES	
18	2	25.2	50.4	9.6	6.80	41.3	YES	
19	2	25.2	50.4	9.5	6.90	43.1	YES	
20	2.1	25.2	52.9	9.7	6.90	43.0	YES	
21	2	25.2	50.4	9.7	6.80	41.0	YES	
22	1.9	25.2	47.9	9.8	6.80	40.3	YES	
23	2	25.2	50.4	9.7	6.70	39.6	YES	
24	2.1	25.2	52.9	9.8	6.80	41.2	YES	
25	2.2	25.2	55.4	9.8	6.80	41.7	YES	
26	2.1	25.2	52.9	9.9	6.80	41.0	YES	
27	2	25.2	50.4	9.8	6.90	42.2	YES	
28	2	25.2	50.4	9.8	6.80	40.8	YES	
29	1.9	25.2	47.9	9.9	6.70	38.7	YES	
30	2	25.2	50.4	10.0	6.80	40.3	YES	
31	1.9	25.2	47.9	10.0	6.80	39.8	YES	

	 0.00	00.0	

Revised November 2022

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: <u>dwp.dmce@oha.oregon.gov</u>; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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