4	Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day [NTU]
5	1	6.00	11.00	-5.00	30.00	0.14	0.14
6	2	6.00	11.00	-5.00	30.00	0.15	0.15
7	3	6.00	11.00	-5.00	30.00	0.15	0.15
8	4	6.00	11.00	-5.00	30.00	0.15	0.15
9	5	6.00	11.00	-5.00	30.00	0.16	0.16
10	6	6.00	11.00	-5.00	30.00	0.15	0.15
11	7	6.00	11.00	-5.00	30.00	0.15	0.15
12	8	6.00	11.00	-5.00	30.00	0.16	0.16
13	9	6.00	11.00	-5.00	30.00	0.15	0.15
14	10	6.00	11.00	-5.00	30.00	0.14	0.14
15	11	6.00	11.00	-5.00	30.00	0.14	0.14
16	12	6.00	11.00	-5.00	30.00	0.15	0.15
17	13	6.00	11.00	-5.00	30.00	0.16	0.16
18	14	6.00	11.00	-5.00	30.00	0.16	0.16
19	15	6.00	11.00	-5.00	30.00	0.15	0.15
20	16	6.00	11.00	-5.00	30.00	0.14	0.14
21	17	6.00	11.00	-5.00	30.00	0.15	0.15
22	18	6.00	11.00	-5.00	30.00	0.16	0.16
23	19	6.00	11.00	-5.00	30.00	0.15	0.15
24	20	6.00	11.00	-5.00	30.00	0.16	0.16
25	21	6.00	11.00	-5.00	30.00	0.15	0.15
26	22	6.00	11.00	-5.00	30.00	0.14	0.14
27	23	6.00	11.00	-5.00	30.00	0.16	0.16
28	24	6.00	11.00	-5.00	30.00	0.16	0.16
29	25	6.00	11.00	-5.00	30.00	0.17	0.17
30	26	6.00	11.00	-5.00	30.00	0.16	0.16
31	27	6.00	11.00	-5.00	30.00	0.16	0.16
32	28	6.00	11.00	-5.00	30.00	0.16	0.16
33	29	6.00	11.00	-5.00	30.00	0.15	0.15
34	30	6.00	11.00	-5.00	30.00	0.15	0.15
35	31	6.00	11.00	-5.00	30.00	0.16	0.16

36	Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
37	95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CTs met everyday? (See back.)	All Cl2 residual at entry point ≥ 0.2 mg/l?
38	All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
39	Notes: PSI = pounds per square inch		MARK CLEANER	
40	PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE:	11102025
41	PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		5303834088	CERT #:

46	System Name:	CALLAHANS		ID#: 41	91551	Month/Year:	10/01/25	Disinfection Giardia Log Inactiv:	
47									
48	Date / Time	Minimum Cl_2 Residual at 1st User (C) [2]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [2]	
49		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	
50	1	1.8	25.2	45.4	11.0	7.00	39.5	YES	
51	2	1.8	25.2	45.4	11.1	7.00	39.3	YES	
52	3	1.8	25.2	45.4	11.0	6.90	38.2	YES	
53	4	1.9	25.2	47.9	11.2	6.90	38.1	YES	
54	5	1.9	25.2	47.9	11.0	6.90	38.6	YES	
55	6	1.9	25.2	47.9	10.9	6.90	38.9	YES	
56	7	1.9	25.2	47.9	11.0	7.00	40.0	YES	
57	8	2	25.2	50.4	11.0	7.00	40.4	YES	
58	9	2	25.2	50.4	11.1	7.10	41.6	YES	
59	10	1.9	25.2	47.9	11.2	7.00	39.5	YES	
60	11	1.9	25.2	47.9	11.0	7.00	40.0	YES	
61	12	1.8	25.2	45.4	11.0	7.00	39.5	YES	
62	13	1.9	25.2	47.9	10.9	6.90	38.9	YES	
63	14	1.8	25.2	45.4	11.0	6.90	38.2	YES	
64	15	1.9	25.2	47.9	11.1	6.90	38.4	YES	
65	16	2	25.2	50.4	11.2	7.00	39.9	YES	
66	17	2	25.2	50.4	11.0	7.00	40.4	YES	
67	18	2	25.2	50.4	10.8	7.10	42.4	YES	
68	19	1.9	25.2	47.9	11.0	7.00	40.0	YES	
69	20	1.9	25.2	47.9	10.8	7.00	40.5	YES	
70	21	1.8	25.2	45.4	10.9	6.90	38.4	YES	
71	22	1.9	25.2	47.9	11.0	6.90	38.6	YES	
72	23	1.8	25.2	45.4	11.0	7.00	39.5	YES	
73	24	1.9	25.2	47.9	10.8	7.00	40.5	YES	
74	25	1.9	25.2	47.9	10.8	6.90	39.1	YES	
75	26	1.8	25.2	45.4	10.9	6.90	38.4	YES	
76	27	2	25.2	50.4	11.0	7.00	40.4	YES	
77	28	2	25.2	50.4	11.0	6.90	39.0	YES	
78	29	1.9	25.2	47.9	10.9	6.80	37.5	YES	
79	30	1.9	25.2	47.9	11.0	6.90	38.6	YES	
80	31	1.9	25.2	47.9	10.9	7.00	40.2	YES	
81	[2] If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.								Revised November 2022
82	Return by 10th of following month by email, fax, or mail to:								
83	dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350								