

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



County:
 Month/Year: 03/2023
 WTP: TP -

System Name:	(NA)	(NA)	(FD)	ID#: 41M	(M)	(FD)	Highest Reading of the day ¹ [NTU]
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1	0.12	0.13	0.14	0.13	0.12	0.15	.15
2	.14	.14	.13	.12	.16	.16	.16
3	.18	.17	.15	.18	.15	.14	.19
4	.13	.15	0.14	.16	.18	.18	.18
5	.17	.17	.18	.20	0.16	.19	.20
6	.15	.16	.16	0.15	.12	.16	.16
7	0.10	.12	.12	.12	.15	.13	.15
8	.14	.11	.10	.12	.14	.13	.16
9	.16	.16	.17	.14	.15	.16	.16
10	.18	.20	.21	.20	.18	.20	.22
11	.20	.19	.18	.17	.14	.16	.20
12	.17	.15	.14	.13	.13	.14	.17
13	.15	.14	.11	.10	.09	.12	.15
14	.12	.13	.15	.17	.14	.14	.17
15	.18	.17	.19	.17	.18	.15	.19
16	.11	.10	.09	.08	.12	.13	.13
17	.14	.12	.13	.12	.14	.13	.14
18	.14	.13	.18	.19	.20	.21	.21
19	.22	.20	.21	.18	.19	.17	.22
20	.18	.17	.18	.18	.16	.18	.18
21	.19	.20	.17	.16	.16	.16	.20
22	.15	.17	.18	.17	.15	.15	.18
23	.16	.16	.17	.18	.16	.16	.18
24	.15	.14	.13	.14	.15	.16	.16
25	.16	.17	.13	.14	.14	.16	.17
26	.17	.17	.18	.16	.15	.15	.18
27	.16	.15	.15	.14	.13	.13	.16
28	.14	.17	.16	.17	.17	.17	.17
29	.18	.19	.20	.17	.18	.19	.20
30	.19	.18	.16	.16	.15	.16	.19
31	.17	.16	.15	.14	.14	.14	.17

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes:		PRINTED NAME: Lauren Young	DATE:
		SIGNATURE:	CERT #:
		PHONE #: (511) 482-1299	

¹ 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. ² Filtered systems only.

M- Maintenance
 FD- Front Desk
 NA- Night Audit

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OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :
 Disinfection *Giardia* Log
 Inactiv: 1.0

System Name: Calla ID#: 41 Month/Year: Mar-23

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	2.3	25	57.5	7.2	7.13	56.4	YES	
2	2.2	26	57.2	7.1	7.12	55.9	YES	
3	2.4	25	60.0	7.0	7.10	57.2	YES	
4	2.2	27	59.4	7.1	7.09	55.3	YES	
5	2	25	50.0	7.0	7.10	54.6	NO	
6	2.1	27	56.7	7.1	7.12	55.3	YES	
7	2.2	26	57.2	7.2	7.10	55.1	YES	
8	2.3	25	57.5	7.1	7.12	56.6	YES	
9	2.1	27	56.7	7.3	7.13	54.7	YES	
10	2.2	25	55.0	7.3	7.11	55.0	YES	
11	2.3	26	59.8	7.0	7.09	56.3	YES	
12	2.4	27	64.8	7.3	7.13	56.7	YES	
13	2.5	26	65.0	7.2	7.12	57.5	YES	
14	2.5	28	70.0	7.0	7.11	58.1	YES	
15	2.3	25	57.5	6.9	7.09	56.7	YES	
16	2.2	23	50.6	6.8	7.08	56.2	NO	
17	2.4	24	57.6	6.9	7.09	57.4	YES	
18	2.5	25	62.5	7.0	7.11	58.1	YES	
19	2.6	24	62.4	7.0	7.10	58.5	YES	
20	2.4	23	55.2	7.1	7.09	56.6	NO	
21	2.3	24	55.2	7.2	7.08	55.4	NO	
22	2.2	25	55.0	7.0	7.10	55.9	NO	
23	2.2	26	57.2	7.2	7.12	55.5	YES	
24	2.4	24	57.6	7.1	7.13	57.4	YES	
25	2.3	25	57.5	7.3	7.11	55.6	YES	
26	2.4	23	55.2	7.1	7.12	57.2	NO	
27	2.2	26	57.2	7.0	7.11	56.1	YES	
28	2.3	24	55.2	7.1	7.00	54.2	YES	
29	2.3	25	57.5	7.2	7.11	56.0	YES	
30	2.4	26	62.4	7.0	7.10	57.2	YES	
31	2.2	27	59.4	7.0	7.12	56.3	YES	

³ 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