OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Linn

Month/Year: Apr-25

System Name: Whispering Falls **ID#:** 41 92786 **WTP ID:** TP-

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						
2						
3						
4						
5						
6						
7						
8						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	6.00	0.00	6.00	25.00	0.26	
24	6.00	0.00	6.00	25.00	0.14	
25	6.00	0.00	6.00	25.00	0.19	
26	6.00	0.00	6.00	25.00	0.18	
27	6.00	0.00	6.00	25.00	0.18	
28	7.00	0.00	7.00	25.00	0.19	
29	8.00	0.00	8.00	25.00	0.17	
30	8.00	0.00	8.00	25.00	0.20	
31						

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU? (Yes)

All daily turbidity readings ≤ 5 NTU? (Yes)

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residual at entry point ≥ 0.2 mg/l? (Yes)

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

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

PRINTED NAME: Adam Breneman

SIGNATURE: [signature] DATE: 5-5-25

PHONE #: (541) 801-4767 CERT #:

1 Including continuous NTU 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

WTP- :	
Disinfection *Giardia* Log Inactiv:	1

System Name: Whispering Falls **ID#:** 41 92786 **Month/Year:** Apr-25

Date / Time	Minimum Cl_2 Residual at 1st User (**C**) [2]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [2]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	[GPM]
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	0.7	82	57.4	15.2	8.40	43.6	YES	
24	1.2	82	98.4	16.7	8.40	41.8	YES	
25	1.1	82	90.2	17.0	8.40	40.5	YES	
26	1	82	82.0	17.0	8.40	40.0	YES	
27	1	82	82.0	16.9	8.50	41.8	YES	
28	0.8	82	65.6	16.1	8.40	41.5	YES	
29	0.9	82	73.8	16.5	8.50	42.4	YES	
30	0.9	82	73.8	17.0	8.40	39.6	YES	
31								

[2] 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@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350