

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Dec-21

System Name: Whistlers Bend ID#: 41 93944 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	Well	Use	Only	35.00		
2				35.00		
3				35.00		
4				35.00		
5				35.00		
6				35.00		
7				35.00		
8				35.00		
9				35.00		
10				35.00		
11				35.00		
12				35.00		
13				35.00		
14				35.00		
15				35.00		
16				35.00		
17				35.00		
18				35.00		
19				35.00		
20				35.00		
21				35.00		
22				35.00		
23				35.00		
24				35.00		
25				35.00		
26				35.00		
27				35.00		
28				35.00		
29				35.00		
30				35.00		
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	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: 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.

Josh Templeton
 SIGNATURE: DATE: 1/10/21
 PHONE #: (541) 643 0638 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- :

System Name:	Whistlers Bend	ID#: 41	93944	Month/Year:	May-21	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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		41						
2		41						
3		41						
4		41						
5		41						
6		41						
7		41						
8		41						
9		41						
10		41						
11		41						
12		41						
13		41						
14		41						
15		41						
16		41						
17		41						
18		41						
19		41						
20		41						
21		41						
22		41						
23		41						
24		41						
25		41						
26		41						
27		41						
28		41						
29		41						
30		41						
31		41						

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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