ONA	-	er Services - S		-			County: th/Year:	
		Cartridge or E		Mar-22				
System Name:		Vhistlers Bend		ID#: 41 93		WTP ID:	TP-	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When t Change Filte	, , ,	Highest I	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				
20				35.00				
28				35.00				
20				35.00				
30				35.00				
30				55.00				
01	Cartrid	ne & Rag Eiltrot	ion	1	Monthly	Summary (Anewor	Yes or No.
Cartridge & Bag Filtration 95% of daily turbidity readings ≤ 1 NTU? Yes / No					Monthly Summary (Answer Yes or No) CT's met everyday? All Cl2 residual at entry point ≥ 0			
				Yes / No	(see back) Yes / No			g/l? / No
	unds per square	-		165/110			Tes	
PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = look in manual for manufacturer's					Josh Templeton			
					SIGNATURE:			DATE:2/9/22

correspond to continuous readings' maximum.

	OHA - Drinking Water Services - Surface Water Quality Data Form						
System Name:	Whistlers Bend	ID#: 41	93944	Month/Year:	May-21	Disinfection <i>Giardia</i> Log Inactiv:	0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	СХТ	[° 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						

Revised July 2018

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@state.or.us;</u> 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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