

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: June 2024

System Name: Whistler's Bend

ID#: 4193944

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 (NTU)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	120	120	0	35	.14	
21	110	110	0	35	.21	
22	120	120	0	35	.26	
23	120	120	0	35	.18	
24	130	120	10	35	.08	
25	140 110	130 120		35	.08	
26	100	100		35	.23	
27	100	110		35	.17	
28	120	110		35	.08	
29	120	110		35	.14	
30	100	110		35	.21	
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.

PRINTED NAME:

SIGNATURE:

DATE:

PHONE # ()

CERT #:

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 9.3944

Month/Year: June 2024

Disinfection
Giardia Log
Inactiv: _____

1

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	1.6			26.1	8.1			
21	1.4			24.7	7.7			
22	1.6			24.9	7.8			
23	1.5			24.6	8.1			
24	.8			17.9	8.1			
25	.8			20.7	6.9			
26	.6			19.8	6.9			
27	.6			21.4	7.1			
28	.6			20.5	7.2			
29	.6			21.2	6.9			
30	.5			21.4	6.7			
31								

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:

dwp.dmon@state.or.us; 871-673-0694, or Drinking Water Services, P.O. Box 14350, Portland, OR, 97293-0350

Revised July 2018