

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: July 2024

Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day [NTU]
1	100	110	0	35	2.26	
2	100	110	10	35	2.20	
3	100	110	10	35	2.87	
4	100	110	10	35	1.02	
5	100	110	10	35	1.89	
6	100	110	10	35	2.57	
7	100	110	10	35	1.42	
8	100	110	10	35	1.5	
9	100	110	10	35		
10	100	110	10	35	2.41	
11	100	110	10	35	2.45	
12	100	110	10	35	2.16	
13	100	110	10	35	2.25	
14	100	110	10	35	2.01	
15	100	110	10	35	1.83	
16	100	110	10	35	1.62	
17						
18	120	120	0	35	1.49	
19						
20	140	120	20	35	2.41	
21	140	120	20	35	2.84	
22	140	120	20	35	2.72	
23	135	120	15	35	2.49	
24	120	120	0	35	2.42	
25	125	120	5	35	2.31	
26	125	120	5	35	2.19	
27	135	115	20	35	2.41	
28	150	115	35	35	1.92	
29	125	125	0	35	2.24	
30	125	140	15	35	2.13	
31	125	145	20	35	2.16	

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (See pack)	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 #: _____	

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: Whistler's Bend

ID#: 41 93944

Month/Year: July 2014

Disinfection
Giardia Log
Inactive:

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	.50	3		21.2	6.8			
2	.8	3		23.5	7.2			
3	.8	3		24.1	7.1			
4	.8	3		22.3	7.3			
5	.8	3		21.6	7.2			
6	.8	3		24.8	7.1			
7	.3	3		23.5	6.9			
8	1.7	3		24.0	7.5			
9								
10	1.8	3		27.8	8.2			
11	.8	3		23.5	8.2			
12	.8	3		25.2	7.8			
13	.8	3		23.6	7.7			
14	.7	3		21.8	7.1			
15	.6	3		24.2	8.0			
16	.6	3		24.1	8.1			
17								
18	1.4	3		22.2	7.4			
19								
20	1.8	3		23.4	7.8			
21	2.0	3		21.6	7.8			
22	2.0	3		20.2	8.1			
23	2.0	3		20.1	7.3			
24	2.0	3		19.8	7.8			
25	1.9	3		21.3	7.8			
26	1.6	3		20.4	7.8			
27	1.6	3		19.9	7.9			
28	1.6	3		21.6	7.7			
29	1.6	3		20.2	7.8			
30	1.6	3		22.3	8.1			
31	1.6	3		23.2	8.1			

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

Revised July 2018