

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: August 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	120	120	0	35	2.2	
2	120	120	0	35	2.16	
3	120	120	0	35	2.23	
4	120	120	0	35	2.14	
5	120	120	0	35	2.3	
6	145	115	30	35	2.18	
7	145	120	25	35	2.114	
8	145	120	25	35	2.08	
9	145	115	30	35	2.11	
10	150	120	30	35	1.64	
11						
12						
13	150	120	30	35	1.82	
14	150	120	30	35	1.95	
15	150	120	30	35	1.91	
16	150	120	30	35	1.82	
17	125	110	30	35	2.16	
18	145	125	20	35	2.24	
19	145	125	20	35	2.21	
20	145	125	20	35	2.25	
21	145	125	20	35	2.28	
22	145	125	20	35	2.26	
23	145	125	20	35	2.1	
24	145	125	20	35	2.24	
25	145	125	20	35	2.05	
26	145	125	20	35	2.13	
27	145	120	15	35	2.71	
28	145	120	15	35	2.53	
29	145	120	25	35	2.24	
30	145	120	25	35	2.14	
31	145	120	25	35	2.17	

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	Cl ₂ met everyday? (see back)	All Cl ₂ 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: **Whistlers Bend**

ID#: **4193944**

Month/Year: **August 2024**

Disinfection
Giardia Log
Inactiv: _____

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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	1.6	3		20.4	7.2			
2	1.6	3		21.3	7.4			
3	1.6	3		20.8	7.5			
4	1.6	3		22.3	7.8			
5	1.6	3		22.5	7.9			
6	1.6	3		21.7	7.9			
7	1.6	3		21.9	7.9			
8	1.4	3		22.3	7.8			
9	1.4	3		22.5	7.8			
10	1.6	3		22.9	7.9			
11								
12								
13	2.3	3		21.3	7.7			
14	2.2	3		21.6	7.8			
15	1.2	3		20.8	7.7			
16	1.4	3		21.4	7.7			
17	1.4	3		20.1	7.7			
18	1.5	3		18.6	8.0			
19	1.6	3		18.4	8.0			
20	1.7	3		17.3	8.3			
21	1.6	3		18.1	8.1			
22	1.5	3		17.6	8.1			
23	1.6	3		17.2	8.0			
24	1.6	3		18.3	7.8			
25	1.6	3		18.9	8.1			
26	1.6	3		17.5	8.1			
27	1.6	3		16.6	8.0			
28	1.6	3		17.2	7.9			
29	1.6	3		18.8	7.7			
30	1.4	3		17.4	8.0			
31	1.4	3		17.9	8.0			

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

Revised July 2018