OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Douglas

Month Year: Oct 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	140	125	35		1.91	
2	140	125	35		2.04	
3	140	125	35		2.09	
4	140	125	35		2.05	
5	140	125	35		2.16	
6	145	125	35		2.01	
7	145	125	35		2.21	
8	145	125	35		2.04	
9	145	125	35		2.03	
10	145	125	35		2.06	
11	145	125	35		2.08	
12	145	115	35		2.41	
13	145	115	35		2.36	
14	145	115	35		2.31	
15	145	115	35		2.32	
16	145	115	35		2.20	
17	145	115	35		2.28	
18	145	115	35		2.17	
19	145	115	35		2.12	
20	145	115	35		2.09	
21	145	120	35		2.14	
22	145	120	35		2.15	
23	145	115	35		2.13	
24	145	120	35		2.12	
25	145	120	35		2.07	
26	145	120	35		2.14	
27	145	125	35		2.15	
28	145	125	35		2.10	
29	145	125	35		2.08	
30	145	125	35		2.24	
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CTs met every day? (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 turbidization 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-1

System Name: Whistler's Bend | ID#: 41 9344 | Month/Year: OCT 2024 | Disinfection *Giardia* Log Inactiv: 1

Date / Time	Minimum Cl_2 Residual at 1st User (C) *	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? *	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		formula	Yes / No	[GPM]
1	1.6	3		14.8	7.9			
2	1.5	3		15.4	7.8			
3	1.6	3		15.7	7.8			
4	1.6	3		16.2	7.8			
5	1.6	3		16.5	7.8			
6	1.6	3		16.7	7.8			
7	1.6	3		16.1	7.8			
8	1.6	3		16.2	7.8			
9	1.6	3		16.7	7.8			
10	1.6	3		16.2	7.8			
11	1.6	3		15.1	7.8			
12	1.6	3		14.6	7.8			
13	1.6	3		13.8	7.9			
14	1.6	3		14.0	7.9			
15	1.6	3		14.1	8.0			
16	1.4	3		12.9	8.0			
17	1.6	3		12.2	8.1			
18	1.4	3		9.1	8.1			
19	1.4	3		9.8	7.9			
20	1.4	3		10.1	7.9			
21	1.6	3		10.6	7.9			
22	1.6	3		10.3	7.8			
23	1.6	3		9.2	7.9			
24	1.6	3		7.1	7.9			
25	1.6	3		6.2	7.9			
26	1.7	3		7.4	7.9			
27	1.7	3		8.7	7.9			
28	1.7	3		8.1	7.8			
29	1.6	3		7.9	7.9			
30	1.6	3		7.8	7.9			
31								

* 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.drinkingwater@dhs.oregon.gov, 971-673-0694 or Drinking Water Services, PO Box 14450, Portland, OR 97293-0450