

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Apr-25

System Name: Whistler's Bend		ID#: 41	93944	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 ¹ [NTU]
1						
2						
3						
4						
5						
6						
7	40.00	42.00	-2.00	35.00	0.81	0.81
8	20.00	20.00	0.00	35.00	0.79	0.79
9	20.00	20.00	0.00	35.00	0.10	0.10
10	20.00	20.00	0.00	35.00	0.25	0.25
11	20.00	20.00	0.00	35.00	0.31	0.31
12	20.00	20.00	0.00	35.00	0.24	0.24
13	20.00	20.00	0.00	35.00	0.29	0.29
14	20.00	20.00	0.00	35.00	0.27	0.27
15	20.00	20.00	0.00	35.00	0.26	0.26
16	20.00	20.00	0.00	35.00	0.21	0.21
17	20.00	20.00	0.00	35.00	0.28	0.28
18	20.00	20.00	0.00	35.00	0.32	0.32
19	20.00	20.00	0.00	35.00	0.29	0.29
20	20.00	20.00	0.00	35.00	0.33	0.33
21	20.00	20.00	0.00	35.00	0.34	0.34
22	20.00	20.00	0.00	35.00	0.34	0.34
23	20.00	20.00	0.00	35.00	0.36	0.36
24	20.00	20.00	0.00	35.00	0.17	0.17
25	20.00	20.00	0.00	35.00	0.10	0.10
26	20.00	20.00	0.00	35.00	0.04	0.04
27	120.00	120.00	0.00	35.00	0.04	0.04
28	120.00	120.00	0.00	35.00	0.03	0.03
29	125.00	125.00	0.00	35.00	0.04	0.04
30	125.00	125.00	0.00	35.00	0.03	0.04
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 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:

Whistler's Bend

ID#: 41

93944

Month/Year:

Apr-25

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	0.8	42	33.6	12.5	7.90	43.9	NO	20
8	0.9	42	37.8	14.0	8.00	41.7	NO	20
9	1.2	42	50.4	13.9	7.80	40.3	YES	20
10	1.2	42	50.4	14.7	7.20	30.6	YES	20
11	1.2	42	50.4	15.0	7.40	32.3	YES	20
12	1.2	42	50.4	14.8	7.70	36.6	YES	35
13	1.2	42	50.4	14.8	7.10	29.3	YES	35
14	1.3	42	54.6	14.5	7.40	33.8	YES	20
15	1.3	42	54.6	13.9	6.90	29.2	YES	20
16	1.3	42	54.6	13.8	6.90	29.4	YES	20
17	1.1	42	46.2	15.5	6.70	23.8	YES	20
18	1	42	42.0	15.2	6.90	25.9	YES	20
19	1	42	42.0	15.6	7.00	26.2	YES	35
20	1	42	42.0	15.8	7.00	25.8	YES	35
21	0.8	42	33.6	12.4	6.80	30.3	YES	20
22	0.8	42	33.6	11.1	6.80	32.8	YES	20
23	0.8	42	33.6	12.3	6.90	31.5	YES	20
24	0.8	42	33.6	12.8	6.70	27.6	YES	20
25	0.8	42	33.6	12.4	6.50	27.4	YES	20
26	0.8	42	33.6	12.0	6.50	28.1	YES	35
27	0.8	42	33.6	11.7	6.60	29.6	YES	35
28	0.8	42	33.6	12.1	6.60	28.8	YES	20
29	0.8	42	33.6	12.4	6.60	28.3	YES	20
30	0.8	42	33.6	12.2	6.70	29.6	YES	20
31								

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013