

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: Feb 2026

System Name: Whistlers 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						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

on well All month

<p align="center">Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? Yes / No</p> <p>All daily turbidity readings ≤ 5 NTU? Yes / No</p>		<p align="center">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) All Cl2 residual at entry point ≥ 0.2 mg/l?</p> <p>Yes / No Yes / No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</p>		<p>PRINTED NAME: <u>Alex Brown</u></p> <p>SIGNATURE: <u>ak</u> DATE: <u>2/27/26</u></p> <p>PHONE #: <u>(541) 746-9346</u> CERT #:</p>	

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.

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WTP: :

System Name: *Whistlers Bend*

ID#: *41 93744*

Month/Year: *Feb 2026*

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								
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9								
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11								
12								
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26								
27								
28								
29								
30								
31								

*on well
All month*

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

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350