

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Curry**

Cartridge or Bag Filtration

Month/Year: **May-23**

System Name: **Whaleshead Resort & RV Park** ID#: **41-94489** WTP ID: **A** TP- **Lower**

Day	PSI Before Filter	PSI After Filter	PSID	Change Filter ALERT (max is 30 psid)	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	21	10	11	OK	0.72	
2	22	10	12	OK	0.81	
3	23	10	13	OK	0.72	
4	23	10	13	OK	0.73	
5	23	10	13	OK	0.61	
6	23	10	13	OK	0.66	
7	24	10	14	OK	0.69	
8	25	10	15	OK	0.80	
9	25	10	15	OK	0.71	
10	15	10	5	OK	0.61	
11	15	10	5	OK	0.73	
12	15	10	5	OK	0.80	
13	15	10	5	OK	0.76	
14	16	10	6	OK	0.71	
15	16	10	6	OK	0.63	
16	16	10	6	OK	0.69	
17	17	10	7	OK	0.62	
18	17	10	7	OK	0.61	
19	18	10	8	OK	0.63	
20	18	10	8	OK	0.66	
21	18	10	8	OK	0.67	
22	18	10	8	OK	0.55	
23	19	10	9	OK	0.63	
24	19	10	9	OK	0.52	
25	19	10	9	OK	0.55	
26	10	10	0	OK	0.59	
27	10	10	0	OK	0.62	
28	10	10	0	OK	0.58	
29	11	10	1	OK	0.71	
30	11	10	1	OK	0.63	
31	11	10	1	OK	0.68	

**Monthly Summary (Answer Yes or No)**

95% of daily turbidity readings ≤ 1 NTU? **Yes**  
 All daily turbidity readings ≤ 5 NTU? **Yes**

CT's met everyday? (see back) **Yes** All Cl2 residual at entry point ≥ 0.2 mg/l? **Yes**

**Notes:**

Digitally signed by Dave Terrusa  
 DN: cn=Dave Terrusa, c=US, o=Water Treatment Systems, ou=DRG,  
 email=tdt@water6903@gmail.com  
 Reason: I have reviewed this document and submit it for the record.  
 Location: PO Box 226, Langlois, OR, 97450  
 Date: 2023.06.09 16:56:31 -0700

**PRINTED NAME: Dave Terrusa**

**SIGNATURE: /S/ Dave Terrusa**

**6/9/23**

**PHONE #: ( 541 ) 253-7556**

**CERT #: 6930**

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not

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WTP- : **A**

<b>System Name:</b> Whaleshead Resort & RV Park	<b>ID#: 41-94489</b>	<b>Month/Year:</b> May-23	<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	<b>0.5</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
Daily @ 09:00	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.10	60	66.0	10.5	6.30	14.9	YES	
2	1.17	60	70.2	10.7	6.20	14.3	YES	
3	1.12	60	67.2	10.7	6.10	13.8	YES	
4	1.19	60	71.4	10.6	6.10	14.0	YES	
5	1.20	60	72.0	10.7	6.20	14.4	YES	
6	1.22	60	73.2	10.8	6.20	14.3	YES	
7	1.17	60	70.2	10.7	6.30	14.8	YES	
8	1.16	60	69.6	10.6	6.40	15.4	YES	
9	1.17	60	70.2	10.9	6.40	15.1	YES	
10	1.21	60	72.6	10.9	6.30	14.7	YES	
11	1.32	60	79.2	11.0	6.40	15.3	YES	
12	1.33	60	79.8	11.1	6.30	14.7	YES	
13	1.24	60	74.4	10.8	6.30	14.8	YES	
14	1.20	60	72.0	10.8	6.40	15.3	YES	
15	1.19	60	71.4	11.2	6.50	15.4	YES	
16	1.16	60	69.6	11.4	6.40	14.6	YES	
17	1.03	60	61.8	11.3	6.30	14.1	YES	
18	1.11	60	66.6	11.4	6.20	13.6	YES	
19	1.01	60	60.6	11.3	6.30	14.0	YES	
20	1.01	60	60.6	11.4	6.30	13.9	YES	
21	1.06	60	63.6	11.4	6.30	14.0	YES	
22	1.01	60	60.6	10.8	6.20	14.0	YES	
23	1.04	60	62.4	11.1	6.20	13.8	YES	
24	1.01	60	60.6	11.6	6.30	13.8	YES	
25	1.04	60	62.4	11.8	6.40	14.1	YES	
26	1.02	60	61.2	11.1	6.40	14.7	YES	
27	1.01	60	60.6	10.8	6.50	15.5	YES	
28	1.01	60	60.6	10.7	6.50	15.6	YES	
29	1.09	60	65.4	11.1	6.60	15.8	YES	
30	1.10	60	66.0	11.3	6.50	15.1	YES	
31	1.12	60	67.2	11.5	6.40	14.5	YES	

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

Revised 10/3/2022 PAX

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

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350