

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Curry**

Cartridge or Bag Filtration

Month/Year: **Nov-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 ¹ [NTU]
1	18	10	8	OK	0.80	
2	18	10	8	OK	0.84	
3	18	10	8	OK	0.82	
4	19	10	9	OK	0.80	
5	19	10	9	OK	0.81	
6	20	10	10	OK	0.90	
7	20	10	10	OK	0.71	
8	20	10	10	OK	0.77	
9	20	10	10	OK	0.81	
10	20	10	10	OK	0.76	
11	20	10	10	OK	0.71	
12	21	10	11	OK	0.80	
13	21	10	11	OK	0.74	
14	21	10	11	OK	0.61	
15	22	10	12	OK	0.70	
16	22	10	12	OK	0.70	
17	22	10	12	OK	0.68	
18	22	10	12	OK	0.69	
19	22	10	12	OK	0.70	
20	23	10	13	OK	0.79	
21	23	10	13	OK	0.80	
22	23	10	13	OK	0.70	
23	24	10	14	OK	0.76	
24	24	11	13	OK	0.80	
25	24	12	12	OK	0.81	
26	24	12	12	OK	0.89	
27	24	12	12	OK	0.80	
28	25	12	13	OK	0.70	
29	25	12	13	OK	0.80	
30	26	12	14	OK	0.78	
31				Change Filter		

		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

Notes:	PRINTED NAME: Dave Terrusa		
	SIGNATURE: /S/ Dave Terrusa		12/6/23
	PHONE #: (541) 253-7556		CERT #: 6930

¹ 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**
 Disinfection *Giardia* Log Inactiv: **0.5**

System Name: **Whaleshead Resort & RV Park** ID#: **41-94489** Month/Year: **Nov-23**

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
Daily @ 09:00	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.08	60	64.8	12.0	6.00	12.3	YES	22
2	1.16	60	69.6	12.1	6.10	12.7	YES	
3	1.18	60	70.8	12.0	6.10	12.8	YES	
4	1.16	60	69.6	11.9	6.10	12.9	YES	
5	1.19	60	71.4	12.0	6.00	12.4	YES	
6	1.32	60	79.2	11.9	6.10	13.1	YES	
7	1.44	60	86.4	11.8	6.00	12.9	YES	
8	1.30	60	78.0	12.0	6.00	12.6	YES	
9	1.17	60	70.2	12.4	6.10	12.5	YES	
10	1.39	60	83.4	12.5	6.00	11.6	YES	
11	1.62	60	97.2	12.4	6.00	12.7	YES	
12	1.48	60	88.8	12.3	5.90	12.2	YES	
13	1.38	60	82.8	12.4	6.00	12.4	YES	
14	1.27	60	76.2	12.2	6.00	12.4	YES	
15	1.40	60	84.0	12.4	6.10	12.8	YES	
16	1.31	60	78.6	12.5	6.10	11.9	YES	
17	1.28	60	76.8	12.8	6.00	11.2	YES	
18	1.18	60	70.8	12.6	6.10	11.7	YES	
19	1.20	60	72.0	12.5	6.10	11.8	YES	
20	1.35	60	81.0	12.4	6.00	12.3	YES	
21	1.41	60	84.6	12.1	6.00	12.6	YES	
22	1.17	60	70.2	12.0	6.10	12.8	YES	
23	1.18	60	70.8	12.0	6.10	12.8	YES	
24	1.12	60	67.2	12.1	6.00	12.3	YES	
25	1.28	60	76.8	12.0	6.00	12.5	YES	
26	1.27	60	76.2	11.9	5.90	12.2	YES	
27	1.17	60	70.2	11.9	5.90	12.1	YES	
28	1.77	60	106.2	12.0	6.00	13.2	YES	
29	1.31	60	78.6	12.0	6.00	12.6	YES	
30	1.43	60	85.8	12.1	6.10	13.1	YES	
31		60						

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

Revised 12/06/2023 PAX

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