

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Curry**

Cartridge or Bag Filtration

Month/Year: **Aug-22**

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

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	17	10	7	OK	0.70	
2	17	10	7	OK	0.43	
3	17	10	7	OK	0.51	
4	17	10	7	OK	0.58	
5	17	10	7	OK	0.60	
6	17	10	7	OK	0.44	
7	17	10	7	OK	0.65	
8	18	10	8	OK	0.52	
9	18	10	8	OK	0.48	
10	18	10	8	OK	0.51	
11	19	10	9	OK	0.61	
12	19	10	9	OK	0.64	
13	20	10	10	OK	0.44	
14	20	10	10	OK	0.15	
15	20	10	10	OK	0.20	
16	21	10	11	OK	0.20	
17	21	10	11	OK	0.20	
18	22	10	12	OK	0.20	
19	22	10	12	OK	0.69	
20	22	10	12	OK	0.92	
21	22	10	12	OK	0.31	
22	23	10	13	OK	0.50	
23	23	10	13	OK	0.59	
24	23	10	13	OK	0.39	
25	23	10	13	OK	0.48	
26	23	10	13	OK	0.40	
27	23	10	13	OK	0.20	
28	23	10	13	OK	0.56	
29	23	10	13	OK	0.22	
30	23	10	13	OK	0.61	
31	23	10	13	OK	0.49	

0.7			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	9/2/2022
			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

correspond to continuous readings' maximum. **This form Modified 3/6/2022**

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

B

System Name:	Whaleshead RV Park & Resort	ID#: 41-94489	Month/Year:	Aug-22	Disinfection Giardia Log Inactiv:	0.5
---------------------	--	----------------------	--------------------	---------------	--	------------

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	1.11	132	146.5	14.6	6.60	12.2	YES	
2	1.07	132	141.2	14.8	6.50	11.5	YES	
3	1.19	132	157.1	14.9	6.60	12.1	YES	
4	1.32	132	174.2	14.5	6.70	13.1	YES	
5	1.27	132	167.6	14.7	6.60	12.3	YES	
6	1.20	132	158.4	14.3	6.50	12.1	YES	
7	1.01	132	133.3	14.4	6.40	11.3	YES	
8	1.01	132	133.3	14.1	6.30	11.2	YES	
9	1.07	132	141.2	14.0	6.40	11.7	YES	
10	1.09	132	143.9	13.9	6.50	12.3	YES	
11	1.11	132	146.5	13.7	6.50	12.5	YES	
12	1.07	132	141.2	13.8	6.60	12.8	YES	
13	1.40	132	184.8	14.4	6.70	13.3	YES	
14	1.01	132	133.3	14.2	6.80	13.4	YES	
15	1.11	132	146.5	13.5	6.80	14.2	YES	
16	1.08	132	142.6	13.7	6.70	13.4	YES	
17	1.01	132	133.3	13.8	6.70	13.2	YES	
18	1.00	132	132.0	14.0	6.80	13.5	YES	
19	1.09	132	143.9	13.0	6.70	14.1	YES	
20	1.01	132	133.3	13.5	6.60	13.0	YES	
21	1.01	132	133.3	13.7	6.50	12.3	YES	
22	1.00	132	132.0	13.9	6.50	12.2	YES	
23	1.01	132	133.3	13.7	6.40	11.9	YES	
24	1.00	132	132.0	13.2	6.50	12.8	YES	
25	1.01	132	133.3	13.6	6.60	12.9	YES	
26	1.01	132	133.3	13.3	6.60	13.2	YES	
27	1.00	132	132.0	13.5	6.50	12.5	YES	
28	1.17	132	154.4	14.9	6.60	12.0	YES	
29	1.23	132	162.4	13.5	6.50	12.8	YES	
30	1.14	132	150.5	13.5	6.50	12.7	YES	
31	1.24	132	163.7	13.2	6.60	13.6	YES	

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

Revised 3/6/2022 PAX

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

dwp_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350