

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Curry**

Cartridge or Bag Filtration

Month/Year: **Nov-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 <sup>1</sup> [NTU]
1	24	10	14	OK	0.20	
2	24	10	14	OK	0.20	
3	24	10	14	OK	0.20	
4	24	10	14	OK	0.20	
5	25	10	15	OK	0.20	
6	25	10	15	OK	0.20	
7	25	10	15	OK	0.20	
8	25	10	15	OK	0.20	
9	25	10	15	OK	0.20	
10	25	10	15	OK	0.20	
11	25	10	15	OK	0.20	
12	26	10	16	OK	0.20	
13	26	10	16	OK	0.20	
14	26	10	16	OK	0.20	
15	26	10	16	OK	0.20	
16	27	10	17	OK	0.20	
17	27	10	17	OK	0.20	
18	27	10	17	OK	0.20	
19	27	10	17	OK	0.20	
20	28	10	18	OK	0.20	
21	11	10	1	OK	0.20	
22	11	10	1	OK	0.20	
23	11	10	1	OK	0.20	
24	12	10	2	OK	0.20	
25	12	10	2	OK	0.20	
26	12	10	2	OK	0.20	
27	12	10	2	OK	0.20	
28	12	10	2	OK	0.20	
29	12	10	2	OK	0.20	
30	13	10	3	OK	0.20	
31		10		Change Filter		

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Notes:</b>		<b>PRINTED NAME: Dave Terrusa</b>	
		<b>SIGNATURE: /S/ Dave Terrusa</b>	<b>Date: 11/04/2022</b>
		<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> 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

<b>System Name:</b>	<b>Whaleshead RV Park &amp; Resort</b>	<b>ID#: 41-94489</b>	<b>Month/Year:</b>	<b>Nov-22</b>	<b>Disinfection Giardia 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]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.03	132	136.0	12.7	6.70	14.3	YES	
2	1.00	132	132.0	13.0	6.70	13.9	YES	
3	1.23	132	162.4	12.1	6.60	15.1	YES	
4	1.80	132	237.6	12.5	6.60	15.2	YES	
5	1.05	132	138.6	11.6	6.50	14.8	YES	
6	1.05	132	138.6	11.0	6.50	15.3	YES	
7	1.09	132	143.9	11.6	6.40	14.4	YES	
8	1.11	132	146.5	11.2	6.40	14.8	YES	
9	1.07	132	141.2	11.0	6.50	15.4	YES	
10	1.01	132	133.3	10.6	6.40	15.2	YES	
11	1.03	132	136.0	10.8	6.40	15.0	YES	
12	1.01	132	133.3	10.3	6.50	16.0	YES	
13	1.01	132	133.3	10.3	6.50	16.0	YES	
14	1.03	132	136.0	10.0	6.40	15.8	YES	
15	1.00	132	132.0	10.2	6.40	15.5	YES	
16	1.07	132	141.2	10.1	6.30	15.2	YES	
17	1.09	132	143.9	10.3	6.40	15.6	YES	
18	1.10	132	145.2	10.1	6.50	16.3	YES	
19	1.01	132	133.3	10.2	6.60	16.6	YES	
20	1.01	132	133.3	10.5	6.60	16.3	YES	
21	1.01	132	133.3	11.0	6.50	15.3	YES	
22	1.01	132	133.3	11.0	6.60	15.8	YES	
23	1.01	132	133.3	11.0	6.60	15.8	YES	
24	1.01	132	133.3	11.0	6.60	15.8	YES	
25	1.20	132	158.4	11.2	6.50	15.4	YES	
26	1.80	132	237.6	10.9	6.60	17.3	YES	
27	1.80	132	237.6	10.5	6.60	17.8	YES	
28	1.48	132	195.4	10.5	6.50	16.6	YES	
29	1.52	132	200.6	10.5	6.60	17.2	YES	
30	1.38	132	182.2	10.4	6.60	17.1	YES	
31		132						

<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 3/6/2022 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