

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **Curry**

Cartridge or Bag Filtration

Month/Year: **Mar-24**

System Name: **Whaleshead Beach 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	19	10	9	OK	0.88	
2	19	10	9	OK	0.85	
3	19	10	9	OK	0.87	
4	14	10	4	OK	0.88	
5	14	10	4	OK	0.92	
6	14	10	4	OK	0.89	
7	14	10	4	OK	0.88	
8	16	10	6	OK	0.84	
9	16	10	6	OK	0.85	
10	15	10	5	OK	0.80	
11	15	10	5	OK	0.79	
12	15	10	5	OK	0.80	
13	15	10	5	OK	0.81	
14	10	9	1	OK	0.70	
15	10	9	1	OK	0.78	
16	10	9	1	OK	0.72	
17	10	9	1	OK	0.76	
18	11	10	1	OK	0.80	
19	11	10	1	OK	0.81	
20	11	10	1	OK	0.88	
21	12	10	2	OK	0.90	
22	12	11	1	OK	0.81	
23	12	11	1	OK	0.80	
24	12	11	1	OK	0.81	
25	13	11	2	OK	0.81	
26	13	11	2	OK	0.80	
27	13	11	2	OK	0.79	
28	13	11	2	OK	0.80	
29	14	11	3	OK	0.80	
30	14	11	3	OK	0.76	
31	14	11	3	OK	0.73	

<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>03/31/24</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> Whaleshead Beach Resort	<b>ID#:</b> 41-94489	<b>Month/Year:</b> Mar-24	<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	1.21	132	159.7	11.8	6.30	13.9	YES	25
2	1.26	132	166.3	11.6	6.10	13.2	YES	
3	1.23	132	162.4	11.9	6.20	13.4	YES	
4	1.30	132	171.6	11.8	6.10	13.1	YES	
5	1.42	132	187.4	11.9	6.10	13.2	YES	
6	1.28	132	169.0	11.8	6.20	13.5	YES	
7	1.25	132	165.0	11.8	6.10	13.1	YES	
8	1.28	132	169.0	11.6	6.00	12.8	YES	
9	1.21	132	159.7	11.5	6.10	13.3	YES	
10	1.37	132	180.8	11.7	6.10	13.3	YES	
11	1.28	132	169.0	11.9	6.20	13.5	YES	
12	1.43	132	188.8	12.0	6.10	13.2	YES	
13	1.27	132	167.6	12.0	6.30	13.8	YES	
14	1.37	132	180.8	11.9	6.20	13.6	YES	
15	1.43	132	188.8	11.8	6.10	13.3	YES	
16	1.36	132	179.5	11.9	6.10	13.1	YES	
17	1.33	132	175.6	12.0	6.20	13.5	YES	
18	1.24	132	163.7	12.1	6.10	12.8	YES	
19	1.27	132	167.6	11.9	6.00	12.6	YES	
20	1.31	132	172.9	12.0	6.10	13.0	YES	
21	1.42	132	187.4	11.9	6.20	13.7	YES	
22	1.53	132	202.0	12.0	6.30	14.2	YES	
23	1.46	132	192.7	12.1	6.20	13.6	YES	
24	1.46	132	192.7	12.0	6.20	13.6	YES	
25	1.72	132	227.0	11.9	6.20	14.1	YES	
26	1.53	132	202.0	11.9	6.30	14.3	YES	
27	1.48	132	195.4	11.7	6.30	14.4	YES	
28	1.52	132	200.6	11.8	6.10	13.4	YES	
29	1.27	132	167.6	11.9	6.00	12.6	YES	
30	1.23	132	162.4	11.7	6.00	12.7	YES	
31	1.26	132	166.3	11.5	6.10	13.3	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 3/6/2022 PAX

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

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