OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Curry

Month/Year: Jun-25

System Name: Whaleshead Beach Resort LLC **ID#:** 41-94489 **WTP ID:** B-Upper Park

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	28	1	27	OK		0.12
2	35	1	34	Change Filter		0.14
3	30	1	29	Change Filter		0.20
4	30	1	29	Change Filter		0.14
5	30	1	29	Change Filter		0.16
6	31	1	30	Change Filter		0.14
7	28	1	27	OK		0.26
8	28	1	27	OK		1.14
9	29	1	28	Change Filter		0.20
10	30	1	29	Change Filter		0.14
11	32	1	31	Change Filter		0.16
12	35	1	34	Change Filter		0.13
13	32	1	31	Change Filter		0.19
14	25	1	24	OK		0.21
15	27	1	26	OK		0.13
16	30	1	29	Change Filter		0.11
17	32	1	31	Change Filter		0.19
18	30	1	29	Change Filter		0.19
19	35	1	34	Change Filter		0.15
20	36	1	35	Change Filter		0.15
21	38	1	37	Change Filter		0.29
22	40	1	39	Change Filter		0.29
23	40	1	39	Change Filter		0.16
24	35	1	34	Change Filter		0.21
25	36	1	35	Change Filter		0.17
26	30	1	29	Change Filter		0.19
27	36	1	35	Change Filter		0.15
28	27	1	26	OK		0.21
29	28	1	27	OK		0.17
30	30	1	29	Change Filter		0.12
31		1		Change Filter		

Cartridge & Bag Filtration	
95% of daily turbidity readings ≤ 1 NTU?	**Yes**
All daily turbidity readings ≤ 5 NTU?	**Yes**

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	**Yes**

Comments:

PRINTED NAME: Brenda Vasquez

SIGNATURE: Brenda L Vasquez 7/2/2025

PHONE #: (541) 254-1909 **CERT#** T2D1 070226

[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-Upper Park

System Name:	Whaleshead Beach Resort LLC	**ID#:** 41-94489	**Month/Year:**	Jun-25	**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	0.44	132	58.1	14.0	6.71	12.3	YES	25
2	1.88	132	248.2	13.7	6.66	14.5	YES	25
3	1.13	132	149.2	14.2	6.83	13.7	YES	25
4	0.53	132	70.0	14.1	6.88	13.1	YES	25
5	0.53	132	70.0	14.0	6.88	13.2	YES	25
6	0.57	132	75.2	13.4	6.90	13.9	YES	25
7	0.54	132	71.3	13.8	6.90	13.5	YES	25
8	0.83	132	109.6	12.9	7.02	15.5	YES	25
9	0.58	132	76.6	14.0	6.54	11.7	YES	25
10	1.00	132	132.0	13.7	6.60	12.8	YES	25
11	0.98	132	129.4	13.9	6.70	13.1	YES	25
12	0.69	132	91.1	13.8	6.62	12.4	YES	25
13	0.58	132	76.6	13.9	6.70	12.5	YES	25
14	0.54	132	71.3	14.1	6.69	12.2	YES	25
15	0.32	132	42.2	7.0	6.73	19.8	YES	25
16	0.66	132	87.1	14.8	6.72	12.0	YES	25
17	0.70	132	92.4	14.6	6.84	12.7	YES	25
18	0.76	132	100.3	14.9	6.81	12.4	YES	25
19	0.82	132	108.2	14.5	6.96	13.6	YES	25
20	0.52	132	68.6	14.0	6.92	13.4	YES	25
21	0.41	132	54.1	14.2	6.74	12.2	YES	25
22	1.31	132	172.9	14.0	6.72	13.6	YES	25
23	1.35	132	178.2	17.6	6.88	11.4	YES	25
24	1.49	132	196.7	16.5	6.83	12.2	YES	25
25	0.80	132	105.6	17.3	6.68	10.1	YES	25
26	0.85	132	112.2	16.7	6.71	10.7	YES	25
27	0.67	132	88.4	17.6	6.83	10.3	YES	25
28	1.89	132	249.5	17.4	6.52	10.7	YES	25
29	1.03	132	136.0	20.6	6.56	7.9	YES	25
30	0.61	132	80.5	18.4	6.54	8.7	YES	25
31		132						25

[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