OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: LAKE SELMAC Osprey **ID #:** 90186 **WTP-:** **Month/Year:** April 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [1] [NTU]
1				.033			
2				.020			
3				.021			
4				.023			
5				.024			
6				.026			
7				.030			
8				.023			
9				.053			
10				.055			
11				.056			
12				.062			
13				.068			
14				.033			
15				.020			
16				.021			
17				.023			
18				.041			
19				.053			
20				.043			
21				.368			
22				.026			
23				.024			
24				.051			
25				.112			
26				.126			
27				.059			
28				.021			
29				.021			
30				.034			
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? [2] ~~Yes~~ / No
All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No

All Cl_2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME:

SIGNATURE: **DATE:**

PHONE #: ( ) **CERT #:** 2379

[1] Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. [2] Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: Lake Selmac / Osprey **ID #:** 90186 **WTP-:** **Month/Year:** April 2022

Date / Time	Minimum Cl_2 Residual at 1st User (C) [3]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [3]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /	2.1	150	315	10	7.1	42	Yes	
2 /	1.8	150	276	10	7.1	41	Yes	
3 /	1.8	150	270	10	7.1	41	Yes	
4 /	1.5	150	225	10	7.2	40	Yes	
5 /	1.9	150	285	10	7.1	41	Yes	
6 /	1.8	150	270	11.7	7.1	41	Yes	
7 /	1.8	150	270	11.7	7.3	41	Yes	
8 /	1.9	150	285	10	7.1	41	Yes	
9 /	1.9	150	285	10.6	7.1	41	Yes	
10 /	1.9	150	285	10	7.1	41	Yes	
11 /	1.9	150	285	8.9	7.2	55	Yes	
12 /	1.9	150	285	8.9	7.2	55	Yes	
13 /	1.9	150	285	8.9	7.3	55	Yes	
14 /	2.0	150	300	9.4	7.2	55	Yes	
15 /	2.0	150	300	10	7.3	41	Yes	
16 /	2.0	150	300	10	7.1	41	Yes	
17 /	2.1	150	315	9.4	7.1	56	Yes	
18 /	2.0	150	300	9.4	7.1	55	Yes	
19 /	2.0	150	300	9.4	7.2	55	Yes	
20 /	2.1	150	315	9.4	7.1	56	Yes	
21 /	2.0	150	300	9.4	7.1	55	Yes	
22 /	1.9	150	285	9.4	7.1	55	Yes	
23 /	2.0	150	300	10	7.2	41	Yes	
24 /	2.0	150	300	10	7.3	41	Yes	
25 /	2.1	150	315	10	7.1	42	Yes	
26 /	2.1	150	315	10	7.1	42	Yes	
27 /	2.1	150	315	10	7.2	42	Yes	
28 /	2.0	150	300	11.1	7.2	41	Yes	
29 /	2.0	150	300	11.1	7.1	41	Yes	
30 /	2.1	150	315	11.1	7.2	42	Yes	
31 /								

[3] If Cl_2 at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. *Revised September 2016*

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

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