

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year:

System Name: Lake Selmac - Osprey		ID# 41	WTP ID: 90186			
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	40	46	0	65	.026	.026
2	40	40	0	65	.029	.029
3	40	40	0	65	.021	.021
4	40	40	0	65	.084	.084
5	40	40	0	65	.121	.121
6	40	40	0	65	.139	.139
7	40	40	0	65	.078	.078
8	40	46	0	65	.168	.168
9	40	40	0	65	.155	.155
10	40	46	0	65	.242	.242
11	40	40	0	65	.298	.298
12	40	46	0	65	.362	.362
13	40	40	0	65	.211	.211
14	40	46	0	65	.242	.242
15	40	40	0	65	.131	.131
16	40	46	0	65	.131	.131
17	40	40	0	65	.197	.197
18	40	40	0	65	.252	.252
19	40	40	0	65	.131	.131
20	40	40	0	65	.136	.136
21	40	40	0	65	.138	.138
22	40	46	0	65	.122	.122
23	40	40	0	65	.139	.139
24	40	40	0	65	.029	.029
25	40	40	0	65	.058	.058
26	40	46	0	65	.141	.141
27	40	46	0	65	.133	.133
28	40	46	0	65	.095	.095
29	40	46	0	65	.092	.092
30	40	40	0	65	.184	.184
31						

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? <input checked="" type="radio"/> Yes / <input type="radio"/> No <small>(see back)</small>	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME:	
	SIGNATURE:	DATE:
	PHONE #: ()	CERT #: 2379

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: Sep/2022

System Name: Lake Selmac - Osprey			ID# 41	WTP 90186				
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	2.0	156	306	23.9	7.2	21	Yes	14
2/	2.0	156	306	23.9	7.2	21	Yes	14
3/	2.1	150	315	23.9	7.2	21	Yes	14
4/	2.0	156	300	23.9	7.2	21	Yes	14
5/	1.8	156	270	23.9	7.1	20	Yes	14
6/	1.9	150	285	23.9	7.1	21	Yes	14
7/	1.8	150	270	23.9	7.2	20	Yes	14
8/	1.8	156	270	23.3	7.1	20	Yes	14
9/	1.8	150	270	23.3	7.0	20	Yes	14
10/	1.7	150	255	23.3	7.0	20	Yes	14
11/	1.7	150	255	23.3	7.0	20	Yes	14
12/	1.8	150	270	23.3	7.1	20	Yes	14
13/	1.8	150	270	22.2	7.1	20	Yes	14
14/	1.6	150	246	22.2	7.0	20	Yes	14
15/	1.7	150	255	22.2	7.1	20	Yes	14
16/	1.7	150	255	22.2	7.0	20	Yes	14
17/	1.6	150	240	20.6	7.0	20	Yes	14
18/	1.8	150	270	20.6	7.1	20	Yes	14
19/	1.8	150	270	20.0	7.0	20	Yes	14
20/	1.6	150	246	20.0	7.0	20	Yes	14
21/	1.8	150	270	19.4	7.0	27	Yes	14
22/	2.0	150	300	19.4	7.1	28	Yes	14
23/	1.8	150	270	19.4	7.1	27	Yes	14
24/	1.8	150	270	19.4	7.1	27	Yes	14
25/	1.7	150	255	19.4	7.0	27	Yes	14
26/	1.7	150	255	19.4	7.1	27	Yes	14
27/	1.6	150	240	18.3	7.1	26	Yes	14
28/	1.8	150	270	18.3	7.2	27	Yes	14
29/	1.8	150	270	18.3	7.2	27	Yes	14
30/	1.7	150	255	18.3	7.2	27	Yes	14
31/								

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

Revised August 2016

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

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

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