OHA - Drinking Water Services – Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: **Josephine**

Month/Year: Oct, 2012

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	40	0	60	.071	.071
2	40	40	0	60	.033	.033
3	40	40	0	60	.031	.031
4	40	40	0	60	.042	.042
5	40	40	0	60	.107	.107
6	40	40	0	60	.112	.112
7	40	40	0	60	.024	.024
8	40	40	0	66	.087	.087
9	40	40	0	60	.124	.124
10	40	40	0	60	.184	.184
11	40	40	0	60	.296	.296
12	40	40	0	60	.027	.027
13	40	40	0	60	.124	.124
14	40	40	0	60	.072	.072
15	45	40	5	60	.039	.039
16	45	40	5	60	.027	.027
17	45	40	5	60	.024	.024
18	45	40	4.5	60	.023	.023
19	45	40	5	60	.041	.041
20	45	40	5	60	.121	.121
21	45	40	5	60	.234	.234
22	45	40	5	60	.176	.176
23	45	40	5	60	.035	.035
24	45	40	5	60	.062	.062
25	45	40	5	60	.104	.104
26	45	40	5	60	.154	.154
27	45	40	5	60	.136	.136
28	45	40	5	60	.119	.119
29	45	40	5	60	.126	.126
30	45	40	5	60	.125	.125
31	45	40	5	60	.057	.057

Cartridge Filtration Monthly Summary

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? **Yes / No**
All daily turbidity readings ≤ 5 NTU? **Yes / No**

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

All Cl_2 residual at entry point ≥ 0.2 mg/l? **Yes / 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: Oct, 2022

System Name: **Lake Selmac - Osprey** ID# 41 WTP **90186**

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
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		Use tables	Yes / No	[GPM]
1 /	1.4	150	210	17.2	7.2	26	Yes	0.41
2 /	1.5	156	225	17.2	7.2	26	Yes	0.41
3 /	1.5	150	225	17.8	7.1	26	Yes	0.41
4 /	1.3	150	195	18.3	7.2	26	Yes	0.41
5 /	1.3	150	195	18.3	7.2	26	Yes	0.41
6 /	1.3	150	195	18.3	7.2	26	Yes	0.38
7 /	1.2	150	180	18.3	7.3	25	Yes	0.38
8 /	1.1	150	165	18.3	7.3	25	Yes	0.38
9 /	1.1	150	165	18.3	7.4	25	Yes	0.37
10 /	0.9	150	135	18.3	7.3	25	Yes	0.37
11 /	0.8	150	120	18.9	7.3	24	Yes	0.44
12 /	0.8	150	120	18.9	7.3	24	Yes	0.44
13 /	0.7	150	105	18.9	7.3	24	Yes	0.46
14 /	1.4	150	210	18.9	7.3	26	Yes	0.44
15 /	1.3	150	195	18.9	7.3	26	Yes	0.33
16 /	1.2	150	180	18.9	7.3	25	Yes	0.37
17 /	1.3	150	195	17.2	7.2	26	Yes	0.37
18 /	1.1	150	165	17.2	7.1	25	Yes	0.33
19 /	1.1	150	165	17.2	7.0	25	Yes	0.46
20 /	1.1	150	165	16.1	7.1	25	Yes	0.33
21 /	.9	150	135	16.1	7.1	25	Yes	0.33
22 /	1.1	150	165	15.0	7.2	25	Yes	0.33
23 /	1.4	150	210	15.6	7.1 *	26	Yes	0.33
24 /	1.4	150	210	14.4	7.1	39	Yes	0.33
25 /	1.3	150	195	14.4	7.1	39	Yes	0.33
26 /	1.3	150	195	14.4	7.1	39	Yes	0.33
27 /	1.5	150	225	13.9	7.1	40	Yes	0.33
28 /	1.1	150	165	13.9	7.1	38	Yes	0.33
29 /	1.3	150	195	13.9	7.0	39	Yes	0.33
30 /	1.3	150	195	12.2	7.1	39	Yes	0.33
31 /	1.2	150	180	12.2	7.1	38	Yes	0.33

[2] If Cl_2 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