

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year: **Nov 2022**

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	45	40	5	60	.057	.057
2	45	40	5	60	.021	.021
3	45	40	5	60	.038	.038
4	45	40	5	60	.053	.053
5	45	40	5	60	.064	.064
6	45	40	5	60	.071	.071
7	45	40	5	60	.077	.077
8	50	40	10	60	.083	.083
9	50	40	10	60	.092	.092
10	50	40	10	60	.114	.114
11	50	40	10	60	.067	.067
12	50	40	10	60	.075	.075
13	50	40	10	60	.068	.068
14	50	40	10	60	.041	.041
15	50	40	10	60	.044	.044
16	50	40	10	60	.051	.051
17	50	40	10	60	.042	.042
18	50	40	10	60	.042	.042
19	55	40	15	60	.056	.056
20	55	40	15	60	.071	.071
21	55	40	15	60	.052	.052
22	55	40	15	60	.029	.029
23	55	40	15	60	.037	.037
24	55	40	15	60	.049	.049
25	55	40	15	60	.082	.082
26	55	40	15	60	.054	.054
27	55	40	15	60	.125	.125
28	55	40	15	60	.113	.113
29	55	40	15	60	.273	.273
30	55	40	15	60	.271	.271
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? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	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: Nov 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/	0.9	150	135	12.2	7.1	37	Yes	0.25
2/	0.8	150	120	12.2	7.1	37	Yes	0.25
3/	0.8	150	120	11.7	7.1	37	Yes	0.25
4/	0.8	150	120	11.7	7.1	37	Yes	0.25
5/	0.9	150	135	11.7	7.1	37	Yes	0.25
6/	0.9	150	135	11.7	7.1	37	Yes	0.25
7/	0.9	150	135	10.6	7.2	37	Yes	0.25
8/	0.9	150	135	10	7.3	37	Yes	0.26
9/	0.9	150	135	10	7.3	37	Yes	0.26
10/	1.0	150	150	10	7.2	37	Yes	0.26
11/	1.3	150	195	10	7.2	39	Yes	0.26
12/	1.3	150	195	10	7.1	39	Yes	0.26
13/	1.2	150	180	10	7.1	38	Yes	0.26
14/	0.9	150	135	8.3	6.9	50	Yes	0.26
15/	0.9	150	135	8.3	7.0	50	Yes	0.23
16/	0.9	150	135	7.8	7.1	50	Yes	0.23
17/	0.9	150	135	7.8	7.0	50	Yes	0.23
18/	1.2	150	180	7.8	7.0	51	Yes	0.23
19/	1.4	150	210	6.7	6.9	52	Yes	0.23
20/	1.4	150	210	6.7	7.0	52	Yes	0.23
21/	1.4	150	210	6.7	7.0	52	Yes	0.23
22/	1.4	150	210	6.1	7.1	52	Yes	0.21
23/	1.5	150	225	6.1	7.1	53	Yes	0.21
24/	1.4	150	210	5.6	7.1	52	Yes	0.21
25/	1.3	150	195	5.6	7.1	52	Yes	0.21
26/	1.3	150	195	5.6	7.0	52	Yes	0.21
27/	1.4	150	210	5.6	7.6	52	Yes	0.21
28/	1.4	150	210	5.6	7.0	52	Yes	0.21
29/	1.6	150	240	6.1	7.2	53	Yes	0.22
30/	1.7	150	255	6.1	7.2	54	Yes	0.22
31/		15						

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