OHA - Drinking Water Services - Surface Water Quality Data Form | **County:** Josephine

Cartridge or Bag Filtration | **Month/Year:** Dec-22

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

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	55	50	5	70	0.321	0.321
2	55	50	5	70	0.297	0.297
3	55	50	5	70	0.340	0.340
4	55	50	5	70	0.128	0.128
5	55	50	5	70	0.123	0.123
6	55	50	5	70	0.049	0.049
7	55	50	5	70	0.042	0.042
8	55	50	5	70	0.057	0.057
9	55	50	5	70	0.071	0.071
10	55	50	5	70	0.067	0.067
11	55	50	5	70	0.081	0.081
12	55	50	5	70	0.131	0.131
13	55	50	5	70	0.109	0.109
14	55	50	5	70	0.073	0.073
15	55	50	5	70	0.051	0.051
16	55	50	5	70	0.095	0.095
17	55	50	5	70	0.082	0.082
18	55	50	5	70	0.154	0.154
19	55	50	5	70	0.172	0.172
20	55	50	5	70	0.182	0.182
21	55	50	5	70	0.088	0.088
22	55	50	5	70	0.131	0.131
23	55	50	5	70	0.111	0.111
24	55	50	5	70	0.111	0.111
25	55	50	5	70	0.129	0.129
26	55	50	5	70	0.231	0.231
27	55	50	5	70	..219	..219
28	55	50	5	70	0.131	0.131
29	55	50	5	70	0.097	0.097
30	55	50	5	70	0.094	0.094
31	55.00	50.00	5.00	70.00	0.13	0.13

Cartridge & Bag Filtration		**Monthly Summary (Answer Yes or No)**	
95% of daily turbidity readings ≤ 1 NTU?	**Yes**	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	**Yes**	**YES**	**YES**

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = 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 NTU 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

WTP- : 90186

System Name:	**Lake Selmac - Osprey**	**ID#: 41**	**Month/Year:**	**Dec-22**	**Disinfection *Giardia* Log Inactiv:**	**1**

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]		formula	Yes / No	[GPM]
1	1.6	40	64.0	6.1	7.1	55.4	YES	0.225403
2	1.6	40	64.0	6.1	7.1	55.4	YES	0.225403
3	1.7	40	68.0	6.1	7.1	56.0	YES	0.225403
4	1.7	40	68.0	6.1	7.1	56.0	YES	0.225403
5	1.5	40	60.0	7.8	6.9	45.6	YES	0.225403
6	1.5	40	60.0	6.1	7.0	52.8	YES	0.225403
7	1.6	40	64.0	6.1	7.0	53.4	YES	0.225403
8	1.6	40	64.0	6.1	7.0	53.4	YES	0.225403
9	1.7	40	68.0	6.1	7.0	54.0	YES	0.225403
10	1.6	40	64.0	6.1	7.0	53.4	YES	0.225403
11	1.6	40	64.0	6.1	7.0	53.4	YES	0.225403
12	1.6	40	64.0	10.0	7.0	41.3	YES	0.225403
13	1.6	40	64.0	6.1	7.0	53.4	YES	0.142361
14	1.5	40	60.0	6.1	7.0	52.8	YES	0.142361
15	1.6	40	64.0	6.1	7.0	53.4	YES	0.142361
16	1.6	40	64.0	6.1	7.0	53.4	YES	0.142361
17	1.7	40	68.0	5.4	6.9	54.7	YES	0.354167
18	1.6	40	64.0	6.1	7.0	53.4	YES	0.354167
19	1.6	40	64.0	6.1	7.0	53.4	YES	0.354167
20	1.6	40	64.0	6.1	6.9	51.5	YES	0.354167
21	1.5	40	60.0	6.1	6.9	51.0	YES	0.289352
22	1.6	40	64.0	6.1	6.9	51.5	YES	0.289352
23	1.5	40	60.0	6.7	7.0	50.9	YES	0.289352
24	1.7	40	68.0	6.7	7.0	52.1	YES	0.025
25	1.8	40	72.0	6.7	7.0	52.7	YES	0.025
26	1.8	40	72.0	6.7	7.0	52.7	YES	0.025
27	1.8	40	72.0	6.7	7.0	52.7	YES	0.025
28	1.8	40	72.0	8.9	7.0	45.4	YES	0.025
29	1.2	40	48.0	8.9	7.0	42.4	YES	0.09375
30	1.2	40	48.0	9.4	7.0	40.9	YES	0.09375
31	1.2	40	48.0	9.4	6.9	39.5	YES	0.09375

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

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

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350