

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Jan-23

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	40	15	60	0.128	0.128
2	55	40	15	60	0.194	0.194
3	55	40	15	60	0.110	0.110
4	55	40	15	60	0.089	0.089
5	55	40	15	60	0.076	0.076
6	55	40	15	60	0.145	0.145
7	55	40	15	60	0.163	0.163
8	55	40	15	60	0.093	0.093
9	55	40	15	60	0.172	0.172
10	55	40	15	60	0.095	0.095
11	55	40	15	60	0.059	0.059
12	60	40	20	60	0.029	0.029
13	40	40	0	60	0.147	0.147
14	40	40	0	60	0.098	0.098
15	40	40	0	60	0.238	0.238
16	40	40	0	60	0.137	0.137
17	40	40	0	60	0.159	0.159
18	40	40	0	60	0.171	0.171
19	40	40	0	60	0.259	0.259
20	40	40	0	60	0.213	0.213
21	40	40	0	60	0.196	0.196
22	40	40	0	60	0.367	0.367
23	40	40	0	60	0.185	0.185
24	40	40	0	60	0.315	0.315
25	40	40	0	60	0.291	0.291
26	40	40	0	60	0.413	0.413
27	40	40	0	60	0.402	0.402
28	40	40	0	60	0.386	0.386
29	40	40	0	60	0.419	0.419
30	40	40	0	60	0.438	0.438
31	40	40	0	60	0.421	0.421

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes	CT's met everyday? (see back) YES	All Cl2 residual at entry point ≥ 0.2 mg/l? YES
All daily turbidity readings ≤ 5 NTU? 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:	Jan-23	Disinfection <i>Giardia</i> Log Inactiv:	1
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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	1.2	40	48.0	7.8	6.9	44.1	YES	0.039352
2	1.2	40	48.0	7.8	6.9	44.1	YES	0.039352
3	1.1	40	44.0	7.8	6.9	43.6	YES	0.039352
4	1.2	40	48.0	7.8	7.0	45.7	YES	0.173611
5	1.2	40	48.0	7.8	7.1	47.3	YES	0.069444
6	1.2	40	48.0	7.8	7.1	47.3	YES	0.069444
7	1.5	40	60.0	7.8	7.1	49.0	YES	0.203125
8	1.6	40	64.0	8.9	6.9	42.9	YES	0.203125
9	1.6	40	64.0	8.9	6.9	42.9	YES	0.203125
10	1.6	40	64.0	8.9	6.9	42.9	YES	0.203125
11	1.8	40	72.0	8.9	6.9	43.8	YES	3.502315
12	3.2	40	128.0	8.9	6.9	51.4	YES	3.502315
13	2.9	40	116.0	8.9	6.9	49.7	YES	3.502315
14	2.7	40	108.0	8.9	6.9	48.6	YES	0.404514
15	2.3	40	92.0	8.9	6.9	46.4	YES	0.404514
16	2.3	40	92.0	7.8	6.9	50.0	YES	0.404514
17	2.3	40	92.0	7.8	6.9	50.0	YES	0.404514
18	2.3	40	92.0	7.8	6.9	50.0	YES	0.104167
19	2.3	40	92.0	7.8	6.9	50.0	YES	0.041667
20	2.3	40	92.0	7.8	6.9	50.0	YES	0.041667
21	2.1	40	84.0	7.8	6.9	48.8	YES	0.4625
22	2.0	40	80.0	7.8	6.9	48.3	YES	0.4625
23	2.0	40	80.0	7.8	7.0	50.0	YES	0.4625
24	1.8	40	72.0	7.2	7.0	50.7	YES	0.4625
25	1.8	40	72.0	7.2	7.0	50.7	YES	0.4625
26	1.8	40	72.0	7.2	7.0	50.7	YES	0.222222
27	1.8	40	72.0	7.2	7.0	50.7	YES	0.222222
28	1.8	40	72.0	7.2	7.0	50.7	YES	0.696759
29	1.6	40	64.0	7.2	6.9	47.9	YES	0.696759
30	1.5	40	60.0	8.3	6.9	44.0	YES	0.696759
31	1.5	40	60.0	8.3	6.9	44.0	YES	0.696759

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