

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Feb-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	40	40	0	60	0.085	0.085
2	40	40	0	60	0.071	0.071
3	40	40	0	60	0.059	0.059
4	45	40	5	60	0.044	0.044
5	45	40	5	60	0.186	0.186
6	45	40	5	60	0.181	0.181
7	45	40	5	60	0.455	0.455
8	45	40	5	60	0.113	0.113
9	50	40	10	60	0.158	0.158
10	50	40	10	60	0.059	0.059
11	50	40	10	60	0.038	0.038
12	50	40	10	60	0.129	0.129
13	50	40	10	60	0.236	0.236
14	50	40	10	60	0.087	0.087
15	50	40	10	60	0.066	0.066
16	50	40	10	60	0.091	0.091
17	55	40	15	60	0.356	0.356
18	55	40	15	60	0.311	0.311
19	55	40	15	60	0.273	0.273
20	60	40	20	60	0.264	0.264
21	40	40	0	60	0.211	0.211
22	40	40	0	60	0.287	0.287
23	40	40	0	60	0.313	0.313
24	40	40	0	60	0.178	0.178
25	40	40	0	60	0.262	0.262
26	40	40	0	60	0.213	0.213
27	40	40	0	60	0.314	0.314
28	40	40	0	60	0.325	0.325
29	.	40	.	60	.	.
30	.	40	.	60	.	.
31	.	40	.	60	.	.

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:	Feb-23	Disinfection Giardia 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	1.6	40	64.0	5.0	6.9	55.5	YES	0.520833
2	1.6	40	64.0	5.0	6.9	55.5	YES	0.520833
3	1.6	40	64.0	5.0	6.9	55.5	YES	0.520833
4	1.5	40	60.0	5.0	6.9	54.9	YES	0.509259
5	1.6	40	64.0	7.2	7.0	49.6	YES	0.509259
6	1.8	40	72.0	7.2	7.2	54.5	YES	0.509259
7	1.8	40	72.0	6.1	7.2	58.7	YES	0.138889
8	1.7	40	68.0	6.1	7.2	58.1	YES	0.138889
9	1.8	40	72.0	6.1	7.0	54.7	YES	0.260417
10	1.9	40	76.0	6.1	7.2	59.4	YES	0.260417
11	2.1	40	84.0	6.1	7.2	60.8	YES	0.227431
12	2.1	40	84.0	7.8	7.2	54.3	YES	0.227431
13	2.2	40	88.0	7.8	7.2	55.0	YES	0.227431
14	2.4	40	96.0	7.8	7.2	56.3	YES	0.227431
15	2.4	40	96.0	7.8	7.2	56.3	YES	0.378472
16	2.4	40	96.0	7.8	7.2	56.3	YES	0.378472
17	2.4	40	96.0	7.8	7.1	54.3	YES	0.430556
18	2.6	40	104.0	7.8	7.1	55.5	YES	1.121528
19	2.8	40	112.0	7.8	7.0	54.8	YES	1.121528
20	3.0	40	120.0	7.8	7.0	56.1	YES	1.121528
21	3.0	40	120.0	7.8	7.0	56.1	YES	1.121528
22	3.0	40	120.0	7.8	7.0	56.1	YES	0.106481
23	3.0	40	120.0	4.4	7.0	70.4	YES	0.106481
24	2.8	40	112.0	4.4	7.0	68.8	YES	0.106481
25	2.8	40	112.0	6.1	7.0	61.4	YES	0.333333
26	2.8	40	112.0	4.4	7.0	68.8	YES	0.506944
27	2.8	40	112.0	4.4	7.0	68.8	YES	0.506944
28	2.8	40	112.0	4.4	7.0	68.8	YES	0.506944
29	.	40	.	.	.	.	YES	.
30	.	40	.	.	.	.	YES	.
31	.	40	.	.	.	.	YES	.

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

Revised November 2022

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