

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Mar-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	0.226	0.226
2	40	40	0	60	0.293	0.293
3	40	40	0	60	0.312	0.312
4	40	40	0	60	0.276	0.276
5	45	40	5	60	0.197	0.197
6	45	40	5	60	0.259	0.259
7	45	40	5	60	0.261	0.261
8	45	40	5	60	0.248	0.248
9	45	40	5	60	0.291	0.291
10	45	40	5	60	0.388	0.388
11	50	40	10	60	0.189	0.189
12	50	40	10	60	0.181	0.181
13	50	40	10	60	0.194	0.194
14	50	40	10	60	0.399	0.399
15	50	40	10	60	0.394	0.394
16	50	40	10	60	0.312	0.312
17	50	40	10	60	0.391	0.391
18	50	40	10	60	0.431	0.431
19	50	40	10	60	0.687	0.687
20	50	40	10	60	0.612	0.612
21	50	40	10	60	0.954	0.954
22	55	40	15	60	0.761	0.761
23	55	40	15	60	0.191	0.191
24	55	40	15	60	0.083	0.083
25	55	40	15	60	0.085	0.085
26	60	40	20	60	0.131	0.131
27	40	40	0	60	0.251	0.251
28	40	40	0	60	0.371	0.371
29	40	40	0	60	0.248	0.248
30	40	40	0	60	0.212	0.212
31	40	40	0	60	0.124	0.124

Cartridge & Bag Filtration			
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:	Mar-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	2.8	40	112.0	4.4	7.0	68.8	YES	0.149306
2	1.7	40	68.0	5.0	7.2	62.6	YES	0.149306
3	1.6	40	64.0	5.0	7.2	61.9	YES	0.18287
4	1.7	40	68.0	4.4	7.2	65.0	YES	0.18287
5	1.6	40	64.0	5.0	7.2	61.9	YES	0.18287
6	1.6	40	64.0	5.0	7.2	61.9	YES	0.18287
7	1.7	40	68.0	4.4	7.2	65.0	YES	0.18287
8	1.7	40	68.0	4.4	7.1	62.7	YES	0.18287
9	1.6	40	64.0	4.4	7.1	62.0	YES	0.770833
10	1.6	40	64.0	4.4	7.1	62.0	YES	0.770833
11	1.7	40	68.0	4.4	7.1	62.7	YES	0.458333
12	1.6	40	64.0	5.0	7.1	59.7	YES	0.152778
13	1.6	40	64.0	5.0	7.0	57.6	YES	0.152778
14	1.6	40	64.0	4.9	7.1	60.1	YES	0.236111
15	1.8	40	72.0	5.0	7.1	61.1	YES	0.03125
16	1.7	40	68.0	5.6	7.0	56.1	YES	0.03125
17	1.8	40	72.0	7.0	7.0	51.5	YES	0.347222
18	1.6	40	64.0	6.7	7.0	51.5	YES	0.347222
19	1.5	40	60.0	7.2	7.0	49.0	YES	0.600694
20	1.3	40	52.0	7.2	7.0	47.9	YES	0.600694
21	1.5	40	60.0	6.8	7.0	50.5	YES	0.763889
22	1.5	40	60.0	7.2	7.0	49.0	YES	0.763889
23	1.5	40	60.0	7.2	7.1	50.8	YES	0.670139
24	1.8	40	72.0	6.7	7.1	54.6	YES	0.670139
25	1.6	40	64.0	6.7	7.1	53.3	YES	0.087963
26	1.6	40	64.0	6.7	7.1	53.3	YES	0.087963
27	1.6	40	64.0	7.2	7.3	55.2	YES	0.087963
28	1.7	40	68.0	7.2	7.2	53.9	YES	2.178241
29	1.7	40	68.0	7.2	7.2	53.9	YES	2.178241
30	1.8	40	72.0	7.8	7.2	52.5	YES	2.178241
31	2.1	40	84.0	7.2	7.2	56.4	YES	2.178241

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