

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Dec-24

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 <sup>1</sup> [NTU]
1	45	40	5	20	0.052	0.052
2	45	40	5	20	0.112	0.112
3	45	40	5	20	0.098	0.098
4	45	40	5	20	0.034	0.034
5	45	40	5	20	0.081	0.081
6	45	40	5	20	0.081	0.081
7	45	40	5	20	0.097	0.097
8	45	40	5	20	0.108	0.108
9	45	40	5	20	0.113	0.113
10	45	40	5	20	0.142	0.142
11	45	40	5	20	0.135	0.135
12	50	40	10	20	0.104	0.104
13	50	40	10	20	0.080	0.080
14	50	40	10	20	0.181	0.181
15	50	40	10	20	0.172	0.172
16	50	40	10	20	0.183	0.183
17	50	40	10	20	0.094	0.094
18	50	40	10	20	0.192	0.192
19	50	40	10	20	0.184	0.184
20	50	40	10	20	0.191	0.191
21	50	40	10	20	0.173	0.173
22	50	40	10	20	0.215	0.215
23	50	40	10	20	0.192	0.192
24		40		20		
25		40		20		
26		40		20		
27		40		20		
28		40		20		
29		40		20		
30	50	40	10	20	0.172	0.172
31	50	40	10	20	0.117	0.117

<b>Cartridge &amp; Bag Filtration</b>			
95% of daily turbidity readings ≤ 1 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>YES</b>	<b>YES</b>

**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.**

<b>PRINTED NAME:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>
<b>PHONE #: ( )</b>	<b>CERT #: 2379</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

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WTP-: 90186

<b>System Name:</b>	<b>Lake Selmac - Osprey</b>	<b>ID#: 41</b>	<b>Month/Year:</b>	<b>Dec-24</b>	<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	<b>1</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	2.3	40	92.0	10.0	7.3	49.7	YES	0.416667
2	2.2	40	88.0	10.0	7.2	47.4	YES	0.288194
3	2.2	40	88.0	10.0	7.2	47.4	YES	0.28819
4	2.1	40	84.0	10.0	7.1	45.2	YES	0.684028
5	2.1	40	84.0	10.0	7.2	46.8	YES	0.68403
6	2.0	40	80.0	10.0	7.2	46.3	YES	0.516204
7	2.1	40	84.0	9.0	7.2	50.1	YES	0.5162
8	2.4	40	96.0	10.0	7.1	46.8	YES	0.5162
9	2.4	40	96.0	9.0	7.2	51.8	YES	0.666667
10	2.4	40	96.0	8.0	7.1	53.5	YES	0.66667
11	2.5	40	100.0	7.0	7.2	60.0	YES	0.885417
12	2.5	40	100.0	8.0	7.1	54.1	YES	0.88452
13	2.5	40	100.0	8.0	7.2	56.1	YES	0.520833
14	2.5	40	100.0	8.0	7.2	56.1	YES	0.52083
15	2.5	40	100.0	8.0	7.3	58.1	YES	0.291667
16	2.6	40	104.0	9.0	7.2	53.0	YES	0.29167
17	2.6	40	104.0	8.0	7.4	61.0	YES	0.261574
18	2.6	40	104.0	8.0	7.4	61.0	YES	0.26157
19	2.6	40	104.0	8.0	7.3	58.8	YES	0.26157
20	2.8	40	112.0	9.0	7.3	56.2	YES	0.525463
21	2.8	40	112.0	9.0	7.1	52.4	YES	0.52546
22	3.3	40	132.0	9.0	7.1	55.5	YES	0.52546
23	3.2	40	128.0	9.0	7.2	56.8	YES	1.209491
24		40						1.290949
25		40						1.290949
26		40						1.290949
27		40						1.290949
28		40						1.290949
29		40						1.20949
30	2.9	40	116.0	9.0	7.1	53.0	YES	0.770833
31	2.8	40	112.0	9.0	7.0	50.5	YES	0.077083

<sup>2</sup> If Cl<sub>2</sub> 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