OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Josephine

Month/Year: Mar-25

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		20		
2	50	40	10	20	0.201	0.201
3		40		20		
4		40		20		
5		40		20		
6		40		20		
7		40		20		
8		40		20		
9		40		20		
10		40		20		
11	50	40	10	20	0.135	0.135
12		40		20		
13		40		20		
14		40		20		
15		40		20		
16		40		20		
17		40		20		
18		40		20		
19	50	40	10	20	0.184	0.184
20		40		20		
21		40		20		
22		40		20		
23	50	40	10	20	0.037	0.037
24	55	40	15	20	0.040	0.040
25	55	40	15	20	0.102	0.102
26	55	40	15	20	0.113	0.113
27		40		20		
28		40		20		
29		40		20		
30		40		20		
31	55	40	15	20	0.115	0.115

Cartridge & Bag Filtration

		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
95% of daily turbidity readings ≤ 1 NTU?	**Yes**		
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-25**	**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		40						
2	2.3	40	92.0	9.0	7.5	57.0	YES	0.204861
3		40						
4		40						
5		40						
6		40						
7		40						
8		40						
9		40						
10		40						
11	2.2	40	88.0	9.0	7.5	56.4	YES	0.064043
12		40						
13		40						
14		40						
15		40						
16		40						
17		40						
18		40						
19	2.3	40	92.0	9.0	7.5	57.0	YES	0.064236
20		40						
21		40						
22		40						
23	2.1	40	84.0	10.0	7.5	52.1	YES	0.133681
24	2.1	40	84.0	10.0	7.4	50.3	YES	0.111111
25	2.2	40	88.0	11.0	7.5	49.3	YES	0.513889
26	2.3	40	92.0	12.0	7.3	43.5	YES	0.388889
27		40						
28		40						
29		40						
30		40						
31	2.4	40	96.0	12.0	7.2	42.5	YES	0.254167

[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