OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Josephine

Month/Year: Nov-25

System Name: Lake Selmac 1 **ID#:** 41 90186 **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	20	0.113	0.113
2	55	40	15	20	0.131	0.131
3	55	40	15	20	0.150	0.150
4	55	40	15	20	0.191	0.191
5	55	40	15	20	0.124	0.124
6	55	40	15	20	0.331	0.331
7	55	40	15	20	0.213	0.213
8	55	40	15	20	0.119	0.119
9	55	40	15	20	0.092	0.092
10	55	40	15	20	0.020	0.020
11	55	40	15	20	0.030	0.030
12	55	40	15	20	0.016	0.016
13	55	40	15	20	0.032	0.032
14	55	40	15	20	0.046	0.046
15	55	40	15	20	0.055	0.055
16	55	40	15	20	0.033	0.033
17	55	40	15	20	0.032	0.032
18	55	40	15	20	0.041	0.041
19	55	40	15	20	0.039	0.039
20	55	40	15	20	0.031	0.031
21	55	40	15	20	0.054	0.054
22	55	40	15	20	0.055	0.055
23	55	40	15	20	0.089	0.089
24	55	40	15	20	0.073	0.073
25	55	40	15	20	0.091	0.091
26	55	40	15	20	0.088	0.088
27	55	40	15	20	0.056	0.056
28	55	40	15	20	0.092	0.092
29	55	40	15	20	0.083	0.083
30	55	40	15	20	0.045	0.045
31		40		20		

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 1**	**ID#: 41**	**90186**	**Month/Year:**	**Nov-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	1.5	40	60.0	13.0	7.2	35.5	YES	0.784722
2	1.5	40	60.0	13.0	7.2	35.5	YES	0.881944
3	1.5	40	60.0	13.0	7.3	36.8	YES	0.777778
4	1.4	40	56.0	13.0	7.2	35.1	YES	0.333333
5	1.3	40	52.0	13.0	7.2	34.7	YES	0.354167
6	1.0	40	40.0	14.0	7.1	30.2	YES	0.298611
7	1.4	40	56.0	14.0	7.2	32.8	YES	0.347222
8	1.4	40	56.0	13.0	7.2	35.1	YES	0.270833
9	1.4	40	56.0	13.0	7.2	35.1	YES	0.375
10	1.5	40	60.0	13.0	7.2	35.5	YES	0.354167
11	1.1	40	44.0	13.0	7.1	32.7	YES	0.388889
12	1.3	40	52.0	13.0	7.2	34.7	YES	0.277778
13	1.2	40	48.0	13.0	7.2	34.3	YES	0.354167
14	1.2	40	48.0	12.0	7.2	37.1	YES	0.354167
15	1.2	40	48.0	12.0	7.2	37.1	YES	0.305556
16	1.3	40	52.0	12.0	7.2	37.6	YES	0.388889
17	1.2	40	48.0	12.0	7.2	37.1	YES	0.361111
18	1.3	40	52.0	12.0	7.3	38.9	YES	0.340278
19	1.2	40	48.0	12.0	7.1	35.9	YES	0.375
20	1.2	40	48.0	12.0	7.2	37.1	YES	0.284722
21	2.1	40	84.0	12.0	7.3	42.5	YES	0.381944
22	1.0	40	40.0	12.0	7.2	36.3	YES	0.305556
23	1.7	40	68.0	11.0	7.2	41.9	YES	0.479167
24	1.6	40	64.0	10.0	7.1	42.7	YES	0.354167
25	1.4	40	56.0	10.0	7.2	43.3	YES	0.576389
26	1.4	40	56.0	10.0	7.2	43.3	YES	0.319444
27	1.4	40	56.0	10.0	7.2	43.3	YES	0.354167
28	1.5	40	60.0	10.0	7.2	43.8	YES	0.520833
29	1.5	40	60.0	10.0	7.3	45.3	YES	0.631944
30	1.5	40	60.0	10.0	7.3	45.3	YES	0.375
31		40						

[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