

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Dec-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	0.044	0.044
2	55	40	15	20	0.091	0.091
3	55	40	15	20	0.071	0.071
4	55	40	15	20	0.067	0.067
5	55	40	15	20	0.091	0.091
6	55	40	15	20	0.076	0.076
7	55	40	15	20	0.051	0.051
8	55	40	15	20	0.047	0.047
9	55	40	15	20	0.019	0.019
10	55	40	15	20	0.090	0.090
11	55	40	15	20	0.029	0.029
12	55	40	15	20	0.079	0.079
13	55	40	15	20	0.113	0.113
14	55	40	15	20	0.257	0.257
15	55	40	15	20	0.238	0.238
16	55	40	15	20	0.217	0.217
17	55	40	15	20	0.267	0.267
18	55	40	15	20	0.142	0.142
19	55	40	15	20	0.156	0.156
20	55	40	15	20	0.178	0.178
21	55	40	15	20	0.148	0.148
22	55	40	15	20	0.272	0.272
23	55	40	15	20	0.660	0.660
24	55	40	15	20	0.245	0.245
25	55	40	15	20	0.276	0.276
26	55	40	15	20	0.313	0.313
27	55	40	15	20	0.217	0.217
28	55	40	15	20	0.259	0.259
29	40	40	0	20	0.179	0.179
30	40	40	0	20	0.913	0.913
31	40	40	0	20	0.613	0.613

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU? **Yes**
 All daily turbidity readings ≤ 5 NTU? **Yes**

CT's met everyday? (see back) **YES** All Cl2 residual at entry point ≥ 0.2 mg/l? **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:	Dec-25	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	1.5	40	60.0	10.0	7.1	42.3	YES	0.572222
2	1.4	40	56.0	10.0	7.2	43.3	YES	0.57222
3	1.6	40	64.0	9.0	7.2	47.3	YES	0.57222
4	1.9	40	76.0	9.0	7.3	50.7	YES	0.57222
5	1.9	40	76.0	9.0	7.2	48.9	YES	0.572222
6	1.8	40	72.0	9.0	7.2	48.4	YES	0.48472
7	1.7	40	68.0	9.0	7.2	47.8	YES	0.48472
8	1.7	40	68.0	9.0	7.2	47.8	YES	0.48472
9	1.4	40	56.0	11.0	7.1	39.1	YES	0.48472
10	1.4	40	56.0	11.0	7.2	40.5	YES	0.484722
11	1.5	40	60.0	10.0	7.1	42.3	YES	0.48472
12	1.4	40	56.0	10.0	7.2	43.3	YES	0.48472
13	1.5	40	60.0	10.0	7.2	43.8	YES	0.48472
14	1.4	40	56.0	9.0	7.2	46.2	YES	0.48472
15	1.3	40	52.0	9.0	7.2	45.7	YES	0.484722
16	1.1	40	44.0	10.0	7.2	41.8	YES	0.39861
17	1.0	40	40.0	10.0	7.1	40.0	YES	0.39861
18	1.3	40	52.0	11.0	7.2	40.1	YES	0.39861
19	1.1	40	44.0	11.0	7.2	39.2	YES	0.39861
20	1.1	40	44.0	11.0	7.2	39.2	YES	0.398611
21	1.0	40	40.0	11.0	7.1	37.4	YES	0.44861
22	1.0	40	40.0	11.0	7.2	38.8	YES	0.44861
23	1.1	40	44.0	11.0	7.1	37.9	YES	0.44861
24	1.1	40	44.0	10.0	7.2	41.8	YES	0.44861
25	1.2	40	48.0	10.0	7.1	40.9	YES	0.448611
26	1.1	40	44.0	10.0	7.2	41.8	YES	0.34722
27	1.2	40	48.0	10.0	7.3	43.8	YES	0.34722
28	1.1	40	44.0	10.0	7.1	40.4	YES	0.34722
29	1.2	40	48.0	10.0	7.2	42.3	YES	0.34722
30	1.1	40	44.0	10.0	7.1	40.4	YES	0.34722
31	1.2	40	48.0	10.0	7.2	42.3	YES	0.347222

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