

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Jackson

Cartridge or Bag Filtration

Month/Year: 12/22

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	48	48	0	30	0.014	
2	48	48	}	}	0.019	
3	48	48			0.016	
4	48	48			0.014	
5	48	48			0.014	
6	48	48			0.014	
7	48	48			0.016	
8	48	48			0.013	
9	48	48			0.016	
10	48	48			0.014	
11	47	47			0.014	
12	47	47			0.014	
13	47	47			0.014	
14	47	47			0.014	
15	46	46			0.014	
16	46	46			0.014	
17	45	45			0.014	
18	45	45			0.014	
19	45	45			0.014	
20	45	45			0.013	
21	45	45			0.013	
22	45	45			0.014	
23	45	45			0.013	
24	45	45			0.013	
25	45	45			0.014	
26	45	45			0.014	
27	45	45			0.014	
28	45	45			0.014	
29	45	45			0.014	
30	45	45			0.014	
31	45	45			0.014	

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes: PSI = pounds per square inch
 PSID = pounds per square inch difference (before filter – after filter)
 PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME: Samantha Schaafsma

SIGNATURE: [Signature] DATE: _____

PHONE #: 541 1560 3248 CERT #: 4328

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
1/	3.0	207	621	6.1	8.1	54	Yes	3
2/	3.0	}	621	6.5	8.3	54	Yes	}
3/	3.0		621	6.3	8.4	54	Yes	
4/	3.5		724.5	6.7	7.7	45	Yes	
5/	0.5		207.5	6.8	8.4	39	Yes	
6/	2.5		517.5	6.3	7.2	35	Yes	
7/	2.5		517.5	6.6	7.1	35	Yes	
8/	3.5		724.5	7.4	7.8	45	Yes	
9/	3.5		724.5	7.4	7.7	45	Yes	
10/	3.5		724.5	7.4	7.8	45	Yes	
11/	3.3		683.1	6.6	7.3	37	Yes	
12/	3.2		662.4	6.0	7.5	35	Yes	
13/	3.3		683.1	6.0	7.4	37	Yes	
14/	3.5		724.5	6.0	7.4	37	Yes	
15/	3.5		724.5	6.1	7.4	37	Yes	
16/	3.5		724.5	6.8	7.3	37	Yes	
17/								
18/								
19/								
20/	2.5		517.5	5.6	7.5	42	Yes	
21/	2.5		517.5	5.5	7.4	42	Yes	
22/	3.5		724.5	7.8	7.2	37	Yes	
23/	3.5		724.5	7.7	7.2	37	Yes	
24/	3.5		724.5	7.9	7.6	45	Yes	
25/	3.0		621	8.3	7.6	45	Yes	
26/	2.5		517.5	6.6	7.4	35	Yes	
27/	2.5		517.5	6.3	7.2	35	Yes	
28/	2.5		517.5	6.2	7.2	35	Yes	
29/	2.0		414	6.8	7.4	33	Yes	
30/	2.0		414	6.6	7.3	33	Yes	
31/	2.0		414	6.2	7.1	33	Yes	

No water at 1st user

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised August 2016
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Return by 10th of following month by email, fax or mail to:
dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350