

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Feb/2026

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	21	19	10	0.035	0.059
2	40	20	20		0.030	0.064
3	40	20	20		0.040	0.068
4	40	19	21		0.044	0.053
5	40	19	21		0.038	0.065
6	41	26	15		0.039	0.55
7	40	23	17		0.095	0.067
8	40	22	18		0.053	0.061
9	40	21	19		0.066	0.063
10	40	21 25	19 15		0.058	0.061
11	40	23	17		0.035	0.054
12	40	29	11		0.050	0.100
13	40	25	15		0.034	0.100
14	40	24	16		0.050	0.062
15	40	22	18		0.055	0.059
16	40	21	19		0.097	0.070
17	40	30	10		0.041	0.150 0.070 0.115
18	40	27	13		0.048	0.058
19	40	26	14		0.050	0.059
20	40	22	18		0.038	0.101
21	40	20	20		0.071	0.075
22	42	19	23		0.058	0.059
23	40	28	12		0.062	0.091
24	40	27	13		0.100	0.111
25	40	25	15		0.076	0.115
26	40	27	13		0.067	0.126
27	40	30	10		0.064	0.089
28	40	25	15		0.079	0.092
29	X	X	X	X	X	X
30	X	X	X	X	X	X
31	X	X	X	X	X	X

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

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: Joe Brendolph
 SIGNATURE: [Signature] DATE: 03/02/26
 PHONE #: (512) 810-1050 CERT #: T657650

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: _____

System Name: *ORCA Lake Creek* ID#: *41 91998*

Month/Year: *Feb/2026*

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	2.75	28	77.40	11	7.5	54	Y	7.50
2	2.79	28	78.12	11	7.5	54	Y	9.38
3	2.77		77.56	11	7.5	54	Y	10.63
4	2.80		78.40	11	7.5	54	Y	11.25
5	2.74		76.72	11	7.5	54	Y	10.21
6	2.84		79.52	11	7.5	55	Y	4.17
7	2.70		75.60	11	7.5	54	Y	10.42
8	2.63		73.64	11	7.5	54	Y	10.84
9	2.50		70.00	11	7.5	53	Y	10.00
10	2.39		66.92	11	7.5	52	Y	10.42
11	2.27		63.56	12	7.5	52	Y	10.00
12	2.20		61.60	12	7.5	51	Y	4.59
13	2.12		59.36	12	7.5	51	Y	12.09
14	2.20		61.60	12	7.5	51	Y	10.00
15	2.60		72.80	12	7.5	53	Y	10.63
16	2.81		78.68	11	7.5	55	Y	10.42
17	3.40		67.20	11	7.5	55	Y	11.25
18	3.46		46.88	11	7.5	55	Y	4.79
19	3.51		48.28	11	7.5	55	Y	12.30
20	3.60		100.80	11	7.5	55	Y	9.38
21	3.01		84.28	11	7.5	55	Y	14.38
22	2.70		75.60	11	7.5	54	Y	12.30
23	2.45		68.60	11	7.5	53	Y	12.50
24	2.29		64.12	11	7.5	52	Y	13.13
25	2.28		63.84	11	7.5	52	Y	10.00
26	2.21		61.88	11	7.5	52	Y	1.88
27	2.23		62.44	11	7.5	52	Y	24.38
28	2.40		67.20	11	7.5	52	Y	14.80
29	X	X	X	X	X	X	X	X
30	X	X	X	X	X	X	X	X
31	X	X	X	X	X	X	X	X

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018

