



Turbidity Reporting Form/CT Calculator - Cartridge or Bag Filtration

OHA - Drinking Water Services - Surface Water Quality Data Form
Cartridge or Bag Filtration

County: Lincoln

Month/Year: Nov-24

System Name	ID#: 41				WTP ID: TP-	
Day	PSI Before Filter	PSI After Filter	PSID	When to Change Filter	Turbidity Reading	Best Reading of the day 1 [NTU]
1	40	28	12	25	0.21	
2	40	28	12	25	0.26	
3	40	28	12	25	0.18	
4	40	27	13	25	0.27	
5	40	27	13	25	0.2	
6	40	26	14	25	0.15	
7	40	26	14	25	0.16	
8	40	26	14	25	0.22	
9	40	25	15	25	0.15	
10	40	33	7	25	0.09	
11	40	31	9	25	0.19	
12	40	31	9	25	0.24	
13	40	31	9	25	0.2	
14	40	30	10	25	0.21	
15	40	30	10	25	0.17	
16	40	30	10	25	0.13	
17	40	29	11	25	0.16	
18	40	29	11	25	0.22	
19	40	28	12	25	0.27	
20	40	28	12	25	0.32	
21	40	28	12	25	0.19	
22	40	28	12	25	0.19	
23	40	28	12	25	0.25	
24	40	27	13	25	0.18	
25	40	27	13	25	0.27	
26	40	26	14	25	0.22	
27	40	26	14	25	0.29	
28	40	26	14	25	0.32	
29	40	25	15	25	0.26	
30	40	24	16	25	0.35	
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Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	Set everyday? (see residual at entry point ≥ 0.2)	Yes / No
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes: PSI = pounds per square inch		PRINTED NAME: Hayden Long	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE:	DATE:
PSID When to Change Filter = look in manual for manufacturer's s		PHONE #: (916-712-9601)	CERT #:

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: ID#: 41 Month/Year: Disinfection Giardia Lo: 1

Date / Time	Residual at 15 min [ppm or mg/L]	Contact Time (minutes)	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? 2 Yes / No	Hourly Demand Flow [GPM]
1	2.05	26	53.3	13.5	5.29	17.9	YES	
2	2.1	26	54.6	13.3	5.31	18.4	YES	
3	2.01	26	52.3	13.2	5.37	18.8	YES	
4	1.96	26	51	12.9	5.35	18.9	YES	
5	1.92	26	49.9	12.9	5.41	19.2	YES	
6	1.88	26	48.9	12.5	5.31	19	YES	
7	1.8	26	46.8	12.2	5.33	21.1	YES	
8	1.89	26	49.1	12	5.29	21.3	YES	
9	1.95	26	50.7	11.7	5.34	22.2	YES	
10	1.98	26	51.5	11.8	5.42	22.7	YES	
11	2.03	26	52.8	11.4	5.37	23	YES	
12	2.12	26	55.1	11.1	5.39	23.7	YES	
13	2.27	26	59	10.8	5.3	23.8	YES	
14	2.04	26	53	10.5	5.36	24.2	YES	
15	1.91	26	49.7	10.4	5.44	24.6	YES	
16	2.03	26	52.8	10.1	5.46	25.5	YES	
17	1.93	26	50.2	10.3	5.43	24.7	YES	
18	1.99	26	51.7	10	5.38	24.9	YES	
19	1.87	26	48.6	9.8	5.33	24.5	YES	
20	1.86	26	48.4	9.5	5.47	26.1	YES	
21	1.92	26	49.9	9.5	5.4	25.7	YES	
22	1.91	26	49.7	9.3	5.45	26.4	YES	
23	1.98	26	51.5	8.9	5.49	27.6	YES	
24	2.05	26	53.3	8.8	5.36	26.8	YES	
25	2.01	26	52.3	8.6	5.41	27.5	YES	
26	2.2	26	57.2	8.7	5.48	28.5	YES	
27	2.13	26	55.4	8.9	5.36	26.9	YES	
28	2.01	26	52.3	8.6	5.4	27.4	YES	
29	1.97	26	51.2	8.4	5.44	28	YES	
30	1.93	26	50.2	8.6	5.49	28	YES	
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2 If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours. Revised November 2022
 Reporting month by email, fax, or mail to: dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97208