

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year:

System Name: **Lake Selmac - Keller's Landing** ID# 41

WTP ID: **94645**

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	50	50	0	70	.095	.095
2	50	50	0	70	.059	.059
3	50	50	0	70	.074	.074
4	56	50	0	70	.061	.061
5	50	50	0	70	.069	.069
6	56	50	0	70	.098	.098
7	50	50	0	70	.121	.121
8	50	50	0	70	.121	.121
9	50	50	0	70	.127	.127
10	50	50	0	70	.101	.101
11	50	50	0	70	.114	.114
12	50	50	0	70	.127	.127
13	50	50	0	70	.231	.231
14	50	56	0	70	.178	.178
15	50	56	0	70	.141	.141
16	50	56	0	70	.130	.130
17	50	56	0	70	.148	.148
18	50	56	0	70	.137	.137
19	50	56	0	70	.091	.091
20	50	56	0	70	.119	.119
21	50	56	0	70	.214	.214
22	50	56	0	70	.137	.137
23	50	50	0	70	.156	.156
24	50	56	0	70	.092	.092
25	50	50	0	70	.111	.111
26	50	50	0	70	.125	.125
27	50	50	0	70	.184	.184
28	50	50	0	70	.219	.219
29	50	50	0	70	.417	.417
30	50	50	0	70	.312	.312
31						

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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 = Manufacturer's recommendation; may need to 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 turbidity 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

Month/Year: Sept 2022

System Name: Lake Selmac - Keller's Landing		ID# 41		WTP 94645				
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/	1.2	84	100	23.9	7.2	19	Yes	10
2/	1.1	84	92	23.9	7.2	19	Yes	10
3/	0.9	84	75	23.9	7.1	19	Yes	10
4/	1.0	84	84	23.3	7.1	19	Yes	10
5/	1.5	84	126	22.2	7.1	20	Yes	10
6/	.9	84	75	22.2	7.1	19	Yes	10
7/	.9	84	75	22.2	7.2	19	Yes	10
8/	.9	84	75	22.2	7.1	19	Yes	10
9/	1.2	84	106	22.2	7.0	19	Yes	10
10/	1.1	84	92	22.8	7.0	19	Yes	10
11/	.9	84	75	22.8	7.0	19	Yes	10
12/	.9	84	75	22.8	7.1	19	Yes	10
13/	1.0	84	84	22.8	7.1	19	Yes	10
14/	1.1	84	92	22.8	7.1	19	Yes	10
15/	1.5	84	126	22.8	7.1	20	Yes	10
16/	1.1	84	92	22.2	7.1	19	Yes	10
17/	1.0	84	84	22.2	7.0	19	Yes	10
18/	.9	84	75	20.6	7.0	19	Yes	10
19/	1.1	84	92	20.0	7.1	19	Yes	10
20/	1.2	84	100	18.9	7.1	25	Yes	10
21/	1.1	84	92	18.9	7.1	25	Yes	10
22/	1.2	84	100	18.9	7.0	25	Yes	10
23/	1.1	84	92	17.8	7.1	25	Yes	10
24/	1.3	84	109	17.8	7.0	26	Yes	10
25/	1.0	84	84	17.8	7.0	25	Yes	10
26/	1.1	84	92	17.8	7.0	25	Yes	10
27/	1.2	84	100	17.8	7.0	25	Yes	10
28/	1.1	84	92	17.8	7.0	25	Yes	10
29/	1.3	84	109	17.8	7.0	26	Yes	10
30/	1.1	84	92	17.8	7.0	25	Yes	10
31/								

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