

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year: **Oct, 2022**

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	.219	.219
2	50	50	0	70	.076	.076
3	50	50	0	70	.063	.063
4	50	50	0	70	.121	.121
5	50	50	0	70	.131	.131
6	50	50	0	70	.118	.118
7	50	50	0	70	.064	.064
8	50	50	0	70	.118	.118
9	50	50	0	70	.127	.127
10	50	50	0	70	.123	.123
11	50	50	0	70	.480	.480
12	50	50	0	70	.317	.317
13	55	50	5	70	.135	.135
14	55	50	5	70	.128	.128
15	55	50	5	70	.113	.113
16	55	50	5	70	.115	.115
17	55	50	5	70	.152	.152
18	55	50	5	70	.168	.168
19	55	50	5	70	.169	.169
20	55	50	5	70	.195	.195
21	55	50	5	70	.154	.154
22	55	50	5	70	.092	.092
23	55	50	5	70	.159	.159
24	55	50	5	70	.337	.337
25	55	50	5	70	.172	.172
26	55	50	5	70	.096	.096
27	55	50	5	70	.057	.057
28	55	50	5	70	.171	.171
29	55	50	5	70	.40	.040
30	55	50	5	70	.117	.117
31	55	50	5	70	.148	.148

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 Cl ₂ 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:	
	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: 10-22

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/	0.8	84	67.2	18.9	7.0	24	YES	0.27
2/	0.8	84	67.2	18.3	7.1	24	YES	0.27
3/	1.1	84	92.4	18.3	7.1	25	YES	0.27
4/	1.0	84	84	18.3	7.2	25	YES	0.27
5/	0.8	84	67.2	18.9	7.2	24	YES	0.27
6/	0.9	84	75.6	18.3	7.1	25	YES	0.29
7/	0.9	84	75.6	17.8	7.0	25	YES	0.29
8/	1.3	84	109.2	17.8	6.9	26	YES	0.29
9/	0.9	84	75.6	17.8	7.0	25	YES	0.29
10/	0.9	84	75.6	17.8	7.0	25	YES	0.29
11/	1.6	84	134.4	17.8	7.1	25	YES	0.25
12/	1.5	84	126	17.8	7.1	25	YES	0.25
13/	1.2	84	100	17.8	7.1	25	YES	0.25
14/	1.2	84	100	17.7	7.0	25	YES	0.25
15/	1.3	84	109.2	17.2	7.1	26	YES	0.25
16/	1.3	84	109.2	17.2	7.2	26	YES	0.40
17/	1.4	84	117	16.7	7.2	26	YES	0.40
18/	1.5	84	126	16.7	7.2	26	YES	0.40
19/	1.6	84	134	16.7	7.2	26	YES	0.40
20/	1.6	84	134	16.7	7.1	26	YES	0.40
21/	1.5	84	126	16.1	7.1	26	YES	0.47
22/	1.5	84	126	16.1	7.0	26	YES	0.47
23/	1.4	84	117	16.1	7.0	26	YES	0.47
24/	1.3	84	109.2	16.1	7.0	26	YES	0.47
25/	1.5	84	126	13.9	7.0	40	YES	0.48
26/	1.5	84	126	13.9	7.1	40	YES	0.48
27/	1.5	84	126	13.9	7.1	40	YES	0.19
28/	1.7	84	142	13.9	7.0	41	YES	0.19
29/	1.8	84	151	12.8	7.0	41	YES	0.19
30/	1.7	84	142	12.8	7.0	41	YES	0.19
31/	1.7	84	142	12.8	7.1	41	YES	0.19

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