

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: **Josephine**

Cartridge or Bag Filtration

Month/Year: **NOV 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	55	50	5	70	.046	.046
2	55	50	5	70	.035	.035
3	55	50	5	70	.045	.045
4	55	50	5	70	.038	.038
5	55	50	5	70	.038	.038
6	55	50	5	70	.137	.137
7	55	50	5	70	.385	.385
8	60	50	10	70	.166	.166
9	60	50	10	70	.151	.151
10	60	50	10	70	.167	.167
11	60	50	10	70	.129	.129
12	60	50	10	70	.129	.129
13	60	50	10	70	.131	.131
14	60	50	10	70	.190	.190
15	60	50	10	70	.205	.205
16	60	50	10	70	.193	.193
17	60	50	10	70	.183	.183
18	60	50	10	70	.121	.121
19	65	50	15	70	.136	.136
20	65	50	15	70	.142	.142
21	65	50	15	70	.113	.113
22	65	50	15	70	.118	.118
23	65	50	15	70	.218	.218
24	65	50	15	70	.182	.182
25	70	50	20	70	.112	.112
26	50	50	0	70	.094	.094
27	50	50	0	70	.061	.061
28	50	50	0	70	.075	.075
29	50	50	0	70	.082	.082
30	50	50	0	70	.065	.065
31				70		

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: NOV 2022

System Name: **Lake Selmac - Keller's Landing**

ID# 41

WTP **94645**

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	1.8	84	151.2	12.5	7.1	27	Yes	0.04
2/	1.6	84	134.4	12.1	7.1	26	Yes	0.04
3/	1.6	84	134.4	11.8	7.1	26	Yes	0.04
4/	1.6	84	134.4	11.2	7.1	26	Yes	0.04
5/	2.1	84	176.4	12.0	6.9	28	Yes	0.04
6/	2.1	84	176.4	12.0	6.9	28	Yes	0.04
7/	0.9	84	75.6	11.1	7.0	25	Yes	0.04
8/	2.5	84	210	9.4	7.0	44	Yes	0.06
9/	3.0	84	252	9.6	7.0	46	Yes	0.06
10/	1.3	84	109.2	9.3	7.1	39	Yes	0.06
11/	1.3	84	109.2	9.2	7.1	39	Yes	0.06
12/	1.0	84	84	9.0	7.1	37	Yes	0.06
13/	1.0	84	84	9.0	7.1	37	Yes	0.06
14/	0.6	84	50.4	8.3	7.1	36	Yes	0.06
15/	0.6	84	50.4	7.8	7.1	36	Yes	0.07
16/	0.6	84	50.4	7.8	7.1	36	Yes	0.07
17/	0.6	84	50.4	7.8	7.1	36	Yes	0.07
18/	0.6	84	50.4	7.0	6.5	30	Yes	0.07
19/	1.2	84	100.8	6.9	6.5	32	Yes	0.07
20/	1.2	84	100.8	6.9	6.5	32	Yes	0.07
21/	1.2	84	100.8	6.9	6.5	32	Yes	0.07
22/	0.9	84	75.6	6.7	7.0	37	Yes	0.06
23/	0.9	84	75.6	6.7	7.0	37	Yes	0.06
24/	1.0	84	84	6.1	7.0	37	Yes	0.06
25/	1.0	84	84	6.1	7.0	37	Yes	0.06
26/	1.0	84	84	5.6	7.1	37	Yes	0.06
27/	1.0	84	84	5.6	7.1	37	Yes	0.06
28/	1.0	84	84	5.6	7.1	37	Yes	0.06
29/	0.8	84	67.2	7.2	6.9	37	Yes	0.04
30/	0.9	84	75.6	6.7	7.0	37	Yes	0.04
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