

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Dec-22

System Name: Lake Selmac - Keller's Landing ID#: 41 WTP ID: 94645 TP-

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	0.059	0.059
2	50	50	0	70	0.038	0.038
3	50	50	0	70	0.065	0.065
4	50	50	0	70	0.065	0.065
5	50	50	0	70	0.067	0.067
6	55	50	5	70	0.420	0.420
7	55	50	5	70	0.241	0.241
8	55	50	5	70	0.145	0.145
9	55	50	5	70	0.378	0.378
10	55	50	5	70	0.059	0.059
11	55	50	5	70	0.068	0.068
12	55	50	5	70	0.089	0.089
13	60	50	10	70	0.156	0.156
14	60	50	10	70	0.231	0.231
15	60	50	10	70	0.121	0.121
16	60	50	10	70	0.451	0.451
17	65	50	15	70	0.157	0.157
18	65	50	15	70	0.170	0.170
19	65	50	15	70	0.165	0.165
20	65	50	15	70	0.174	0.174
21	65	50	15	70	0.097	0.097
22	65	50	15	70	0.084	0.084
23	70	50	20	70	0.091	0.091
24	50	50	0	70	0.059	0.059
25	50	50	0	70	0.091	0.091
26	50	50	0	70	0.065	0.065
27	50	50	0	70	0.128	0.128
28	50	50	0	70	0.131	0.131
29	50	50	0	70	0.215	0.215
30	50	50	0	70	0.319	0.319
31	50	50	0	70	0.217	0.217

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

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: _____
 SIGNATURE: _____ DATE: _____
 PHONE #: () _____ CERT #: 2379

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 -: 94645

System Name:	Lake Selmac - Keller's Landing	ID#: 41	Month/Year:	Dec-22	Disinfection <i>Giardia</i> Log Inactiv:	1
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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	1.2	60	72.0	6.1	7.0	51.0	YES	0.626736
2	1.4	60	84.0	6.1	7.1	54.1	YES	0.626736
3	1.4	60	84.0	6.1	7.1	54.1	YES	0.626736
4	1.4	60	84.0	6.7	7.0	50.3	YES	0.626736
5	0.7	60	42.0	8.3	6.8	38.8	YES	0.626736
6	1.0	60	60.0	8.3	6.8	40.1	YES	0.626736
7	1.2	60	72.0	7.8	6.8	42.6	YES	0.626736
8	1.2	60	72.0	7.8	6.8	42.6	YES	0.626736
9	1.1	60	66.0	7.8	6.8	42.1	YES	0.626736
10	1.2	60	72.0	7.8	6.8	42.6	YES	0.626736
11	1.2	60	72.0	7.8	7.0	45.7	YES	0.626736
12	1.2	60	72.0	7.8	7.0	45.7	YES	0.028646
13	1.4	60	84.0	7.2	6.8	45.2	YES	0.028646
14	1.2	60	72.0	7.2	6.9	45.7	YES	0.028646
15	1.0	60	60.0	6.1	6.9	48.1	YES	0.028646
16	0.8	60	48.0	6.7	6.9	45.3	YES	0.157118
17	0.9	60	54.0	5.6	6.9	49.4	YES	0.157118
18	0.9	60	54.0	5.6	6.9	49.4	YES	0.157118
19	0.9	60	54.0	5.6	6.9	49.4	YES	0.157118
20	0.9	60	54.0	5.6	6.9	49.4	YES	0.157118
21	1.4	60	84.0	6.1	6.9	50.4	YES	3.144674
22	1.3	60	78.0	6.1	7.0	51.6	YES	3.144674
23	1.3	60	78.0	6.1	7.0	51.6	YES	3.144674
24	1.1	60	66.0	5.6	7.0	52.4	YES	0.023611
25	0.8	60	48.0	6.7	7.0	47.0	YES	0.023611
26	0.8	60	48.0	6.7	7.0	47.0	YES	0.023611
27	0.9	60	54.0	7.2	6.9	44.2	YES	0.023611
28	0.9	60	54.0	9.4	6.9	38.2	YES	0.023611
29	0.8	60	48.0	10.0	6.9	36.5	YES	0.131944
30	0.8	60	48.0	10.6	6.9	35.2	YES	0.131944
31	0.9	60	54.0	10.0	6.9	36.9	YES	0.131944

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

Revised November 2022

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

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