

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Apr-23

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	65	50	15	70	0.629	0.629
2	65	50	15	70	0.607	0.607
3	65	50	15	70	0.612	0.612
4	65	50	15	70	0.360	0.360
5	65	50	15	70	0.318	0.318
6	65	50	15	70	0.226	0.226
7	65	50	15	70	0.286	0.286
8	65	50	15	70	0.403	0.403
9	65	50	15	70	0.171	0.171
10	65	50	15	70	0.412	0.412
11	65	50	15	70	0.429	0.429
12	65	50	15	70	0.342	0.342
13	65	50	15	70	0.496	0.496
14	65	50	15	70	0.424	0.424
15	65	50	15	70	0.298	0.298
16	65	50	15	70	0.318	0.318
17	65	50	15	70	0.412	0.412
18	65	50	15	70	0.540	0.540
19	65	50	15	70	0.504	0.504
20	65	50	15	70	0.641	0.641
21	65	50	15	70	0.058	0.058
22	65	50	15	70	0.143	0.143
23	65	50	15	70	0.196	0.196
24	65	50	15	70	0.142	0.142
25	65	50	15	70	0.084	0.084
26	65	50	15	70	0.068	0.068
27	70	50	20	70	0.052	0.052
28	50	50	0	70	0.049	0.049
29	50	50	0	70	0.396	0.396
30	50	50	0	70	0.312	0.312
31		50		70		

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes	CT's met everyday? (see back)
All daily turbidity readings ≤ 5 NTU?	Yes	All Cl2 residual at entry point ≥ 0.2 mg/l?
		YES
		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: Apr-23	Disinfection Giardia 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	2.3	60	138.0	6.1	7.1	60.1	YES	0.71875
2	2.2	60	132.0	8.3	7.1	51.1	YES	0.71875
3	1.9	60	114.0	9.4	7.1	45.9	YES	0.71875
4	3.2	60	192.0	6.7	7.1	64.2	YES	0.361111
5	2.9	60	174.0	6.7	7.1	62.0	YES	0.361111
6	2.7	60	162.0	6.7	7.1	60.6	YES	0.381944
7	2.9	60	174.0	7.2	7.1	59.7	YES	0.381944
8	2.9	60	174.0	7.2	6.9	55.6	YES	0.5
9	2.9	60	174.0	10.0	6.9	46.1	YES	0.5
10	2.8	60	168.0	10.0	6.9	45.6	YES	0.5
11	2.8	60	168.0	8.9	6.9	49.1	YES	1.081019
12	2.7	60	162.0	8.9	6.9	48.6	YES	1.081019
13	2.5	60	150.0	7.2	6.9	53.1	YES	1.081019
14	2.3	60	138.0	7.8	6.9	50.0	YES	0.220486
15	2.2	60	132.0	7.8	6.9	49.4	YES	0.220486
16	2.1	60	126.0	8.3	6.9	47.1	YES	0.220486
17	2.1	60	126.0	8.3	6.9	47.1	YES	0.220486
18	2.0	60	120.0	8.3	6.9	46.5	YES	0.319444
19	2.1	60	126.0	8.3	6.9	47.1	YES	0.604167
20	2.0	60	120.0	8.9	6.9	44.8	YES	0.604167
21	2.0	60	120.0	9.4	6.9	43.2	YES	0.604167
22	2.1	60	126.0	9.4	6.9	43.7	YES	0.483796
23	2.2	60	132.0	9.4	6.9	44.2	YES	0.483796
24	2.2	60	132.0	10.6	6.9	41.1	YES	0.483796
25	2.1	60	126.0	10.6	6.9	40.6	YES	0.210648
26	2.1	60	126.0	11.1	6.9	39.2	YES	0.210648
27	2.1	60	126.0	13.9	6.9	32.0	YES	0.210648
28	2.1	60	126.0	15.0	6.9	29.8	YES	0.210648
29	2.2	60	132.0	14.4	6.9	31.2	YES	0.210648
30	2.2	60	132.0	14.4	6.9	31.2	YES	0.210648
31								0

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