

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: May-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	55	50	5	70	0.429	0.429
2	55	50	5	70	0.032	0.032
3	55	50	5	70	0.051	0.051
4	55	50	5	70	0.038	0.038
5	55	50	5	70	0.040	0.040
6	55	50	5	70	0.098	0.098
7	60	50	10	70	0.171	0.171
8	60	50	10	70	0.133	0.133
9	60	50	10	70	0.077	0.077
10	60	50	10	70	0.200	0.200
11	60	50	10	70	0.121	0.121
12	60	50	10	70	0.034	0.034
13	65	50	15	70	0.035	0.035
14	65	50	15	70	0.042	0.042
15	65	50	15	70	0.169	0.169
16	65	50	15	70	0.121	0.121
17	65	50	15	70	0.042	0.042
18	65	50	15	70	0.126	0.126
19	65	50	15	70	0.064	0.064
20	70	50	20	70	0.142	0.142
21	50	50	0	70	0.129	0.129
22	50	50	0	70	0.028	0.028
23	50	50	0	70	0.129	0.129
24	50	50	0	70	0.027	0.027
25	50	50	0	70	0.049	0.049
26	50	50	0	70	0.032	0.032
27	50	50	0	70	0.125	0.125
28	50	50	0	70	0.216	0.216
29	55	50	5	70	0.312	0.312
30	55	50	5	70	0.447	0.447
31	55	50	5	70	0.291	0.291

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: May-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	2.2	60	132.0	13.9	6.9	32.4	YES	0.414931
2	2.1	60	126.0	14.4	6.9	30.9	YES	0.256944
3	2.0	60	120.0	15.6	6.9	28.3	YES	0.256944
4	1.7	60	102.0	15.6	6.9	27.4	YES	0.631944
5	1.6	60	96.0	14.4	6.9	29.2	YES	0.631944
6	1.6	60	96.0	14.4	6.9	29.2	YES	0.458333
7	1.6	60	96.0	14.4	6.9	29.2	YES	0.458333
8	1.6	60	96.0	13.3	6.9	31.4	YES	0.458333
9	1.5	60	90.0	12.2	6.9	34.1	YES	0.166667
10	1.7	60	102.0	12.8	6.9	33.0	YES	0.166667
11	1.4	60	84.0	14.4	6.9	28.5	YES	0.252315
12	1.2	60	72.0	15.0	6.9	26.9	YES	0.252315
13	1.3	60	78.0	15.6	6.9	26.2	YES	0.252315
14	1.4	60	84.0	15.6	6.9	26.5	YES	0.336806
15	1.4	60	84.0	15.6	6.9	26.5	YES	0.336806
16	1.4	60	84.0	15.6	6.9	26.5	YES	0.336806
17	1.4	60	84.0	16.1	7.0	26.1	YES	0.336806
18	1.3	60	78.0	17.2	7.0	24.3	YES	0.722222
19	1.3	60	78.0	18.3	7.0	22.5	YES	0.722222
20	0.9	60	54.0	18.3	7.0	21.5	YES	0.722222
21	1.0	60	60.0	18.9	7.1	21.8	YES	0.805556
22	1.0	60	60.0	18.9	7.0	21.0	YES	0.805556
23	1.0	60	60.0	18.9	7.0	21.0	YES	0.612847
24	1.0	60	60.0	19.4	7.0	20.2	YES	0.612847
25	1.0	60	60.0	17.8	7.0	22.6	YES	0.612847
26	0.9	60	54.0	15.7	6.9	24.8	YES	0.612847
27	1.2	60	72.0	18.3	7.0	22.3	YES	1.300926
28	1.4	60	84.0	18.9	7.0	22.0	YES	1.300926
29	1.4	60	84.0	18.9	6.9	21.2	YES	1.300926
30	1.6	60	96.0	18.9	7.0	22.5	YES	0.076389
31	1.6	60	96.0	18.9	7.0	22.5	YES	0.076389

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify

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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