

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Jul-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 <sup>1</sup> [NTU]
1	60	50	10	70	0.241	0.241
2	65	50	15	70	0.231	0.231
3	70	50	20	70	0.269	0.269
4	50	50	0	70	0.077	0.077
5	50	50	0	70	0.127	0.127
6	50	50	0	70	0.101	0.101
7	50	50	0	70	0.158	0.158
8	50	50	0	70	0.192	0.192
9	50	50	0	70	0.061	0.061
10	50	50	0	70	0.187	0.187
11	50	50	0	70	0.126	0.126
12	50	50	0	70	0.128	0.128
13	-	-	-	-	-	-
14	-	-	-	-	-	-
15	-	-	-	-	-	-
16	-	-	-	-	-	-
17	-	-	-	-	-	-
18	-	-	-	-	-	-
19	-	-	-	-	-	-
20	-	-	-	-	-	-
21	-	-	-	-	-	-
22	-	-	-	-	-	-
23	-	-	-	-	-	-
24	-	-	-	-	-	-
25	-	-	-	-	-	-
26	-	-	-	-	-	-
27	-	-	-	-	-	-
28	-	-	-	-	-	-
29	-	-	-	-	-	-
30	-	-	-	-	-	-
31	-	-	-	-	-	-

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

<b>Notes: PSI = pounds per square inch</b> <b>PSID = pounds per square inch difference (before filter - after filter)</b> <b>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</b>	<b>PRINTED NAME:</b>	
	<b>SIGNATURE:</b>	<b>DATE:</b>
	<b>PHONE #: (     )</b>	<b>CERT #: 2379</b>

<sup>1</sup> 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

<b>System Name:</b> Lake Selmac - Keller's Landing	<b>ID#: 41</b>	<b>Month/Year:</b> Jul-23	<b>Disinfection Giardia Log Inactiv:</b>	<b>1</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.6	60	36.0	24.4	7.1	14.2	YES	0.912037
2	0.8	60	48.0	24.4	7.1	14.6	YES	0.537037
3	1.0	60	60.0	24.4	7.1	14.9	YES	0.537037
4	1.0	60	60.0	23.9	7.1	15.5	YES	0.537037
5	1.2	60	72.0	24.4	7.1	15.3	YES	0.759259
6	1.2	60	72.0	25.0	7.1	14.7	YES	0.759259
7	1.2	60	72.0	24.4	7.1	15.3	YES	0.759259
8	1.1	60	66.0	24.4	7.1	15.1	YES	1.201389
9	1.1	60	66.0	24.4	7.0	14.5	YES	2.152778
10	1.2	60	72.0	23.9	7.0	15.3	YES	2.152778
11	1.0	60	60.0	23.9	7.0	14.9	YES	2.152778
12	1.1	60	66.0	23.3	7.1	16.3	YES	1.319444
13	-	-	-	-	-	-	YES	1.319444
14	-	-	-	-	-	-	YES	3.488426
15	-	-	-	-	-	-	YES	3.488426
16	-	-	-	-	-	-	YES	3.488426
17	-	-	-	-	-	-	YES	3.513889
18	-	-	-	-	-	-	YES	3.513889
19	-	-	-	-	-	-	YES	0.041667
20	-	-	-	-	-	-	YES	0.041667
21	-	-	-	-	-	-	YES	0.645833
22	-	-	-	-	-	-	YES	0.645833
23	-	-	-	-	-	-	YES	0.645833
24	-	-	-	-	-	-	YES	0.430556
25	-	-	-	-	-	-	YES	0.402778
26	-	-	-	-	-	-	YES	0.402778
27	-	-	-	-	-	-	YES	0.847222
28	-	-	-	-	-	-	YES	0.407986
29	-	-	-	-	-	-	YES	0.407986
30	-	-	-	-	-	-	YES	0.407986
31	-	-	-	-	-	-	YES	0.407986

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify

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

Revised November 2022