

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration



Month/Year: Jan-24

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	53	53	0	25	0.212	0.212
2	55	55	0	25	0.197	0.197
3	50	50	0	25	0.261	0.261
4	50	50	0	25	0.260	0.260
5	55	55	0	25	0.281	0.281
6	55	55	0	25	0.330	0.330
7	55	55	0	25	0.298	0.298
8	53	53	0	25	0.341	0.341
9	50	50	0	25	0.413	0.413
10	55	55	0	25	0.497	0.497
11	50	50	0	25	0.558	0.558
12	50	50	0	25	0.638	0.638
13	50	50	0	25	0.681	0.681
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.

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WTP- : 94645

<b>System Name:</b> Lake Selmac - Keller's Landing	<b>ID#: 41</b>	<b>Month/Year:</b> Jan-24	<b>Disinfection <i>Giardia</i> Log Inactiv:</b> 0.5
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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	1.6	109.6	175.4	12.0	8.2	27.6	YES	5
2	1.3	109.6	142.5	13.0	8.1	24.2	YES	5
3	1.8	182.6666667	328.8	13.0	8.1	25.6	YES	3
4	1.6	96.14035088	153.8	13.7	7.8	21.4	YES	5.7
5	1.7	92.88135593	157.9	13.1	7.6	20.9	YES	5.9
6	1.9	101.4814815	192.8	12.5	7.6	22.2	YES	5.4
7	1.5	137	205.5	13.0	8.0	23.8	YES	4
8	1.7	137	232.9	13.0	7.9	23.5	YES	4
9	2.1	86.98412698	182.7	13.2	7.7	22.5	YES	6.3
10	1.9	94.48275862	179.5	12.9	7.8	23.3	YES	5.8
11	1.5	101.4814815	152.2	10.9	7.7	24.6	YES	5.4
12	1.1	105.3846154	115.9	13.2	7.6	19.4	YES	5.2
13	2.3	91.33333333	210.1	13.4	7.2	18.9	YES	6
14	1.3	-	-	-	-	-	-	-
15	1.3	-	-	-	-	-	-	-
16	1.2	-	-	-	-	-	-	-
17	1.2	-	-	-	-	-	-	-
18	1.1	-	-	-	-	-	-	-
19	1.1	-	-	-	-	-	-	-
20	1.1	-	-	-	-	-	-	-
21	1.0	-	-	-	-	-	-	-
22	1.0	-	-	-	-	-	-	-
23	1.1	-	-	-	-	-	-	-
24	0.9	-	-	-	-	-	-	-
25	0.9	-	-	-	-	-	-	-
26	0.8	-	-	-	-	-	-	-
27	0.6	-	-	-	-	-	-	-
28	0.5	-	-	-	-	-	-	-
29	0.5	-	-	-	-	-	-	-
30	0.5	-	-	-	-	-	-	-
31	0.5	-	-	-	-	-	-	-

<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:

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