

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Mar-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	-	-	-	25	-	-
2	-	-	-	25	-	-
3	-	-	-	25	-	-
4	-	-	-	25	-	-
5	-	-	-	25	-	-
6	-	-	-	25	-	-
7	-	-	-	25	-	-
8	-	-	-	25	-	-
9	-	-	-	25	-	-
10	-	-	-	25	-	-
11	55	55	0	25	0.066	0.066
12	55	55	0	25	0.014	0.014
13	54	54	0	25	0.017	0.017
14	55	55	0	25	0.069	0.069
15	50	50	0	25	0.071	0.071
16	-	-	-	25	-	-
17	-	-	-	25	-	-
18	-	-	-	25	-	-
19	-	-	-	25	-	-
20	52	52	0	25	0.016	0.016
21	55	55	0	25	0.028	0.028
22	55	55	0	25	0.028	0.028
23	55	55	0	25	0.019	0.019
24	55	55	0	25	0.027	0.027
25	55	55	0	25	0.031	0.031
26	55	55	0	25	0.046	0.046
27	55	55	0	25	0.018	0.018
28	55	55	0	25	0.015	0.015
29	50	50	0	25	0.018	0.018
30	55	55	0	25	0.027	0.027
31	55	55	0	25	0.031	0.031

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

<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> Mar-24	<b>Disinfection Giardia Log Inactiv:</b>	<b>0.5</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	1.1	-	-	-	-	-	-	-
2	1.1	-	-	-	-	-	-	-
3	1.2	-	-	-	-	-	-	-
4	1.0	-	-	-	-	-	-	-
5	1.2	-	-	-	-	-	-	-
6	0.9	-	-	-	-	-	-	-
7	1.0	-	-	-	-	-	-	-
8	1.0	-	-	-	-	-	-	-
9	0.9	-	-	-	-	-	-	-
10	0.9	-	-	-	-	-	-	-
11	1.3	121.7777778	158.3	10.0	7.5	23.8	YES	4.5
12	2.4	182.6666667	438.4	10.0	7.2	24.2	YES	3
13	2.4	219.2	526.1	10.0	7.2	24.2	YES	2.5
14	1.3	109.6	142.5	11.0	7.5	22.3	YES	5
15	2.1	166.0606061	348.7	12.0	7.8	25.4	YES	3.3
16	1.2	-	-	-	-	-	-	-
17	1.1	-	-	-	-	-	-	-
18	1.3	-	-	-	-	-	-	-
19	1.2	-	-	-	-	-	-	-
20	1.4	137	191.8	13.0	7.2	17.5	YES	4
21	1.5	156.5714286	234.9	16.0	8.5	23.5	YES	3.5
22	2.0	127.4418605	254.9	16.0	7.2	15.4	YES	4.3
23	1.1	260.952381	287.0	14.0	7.4	17.1	YES	2.1
24	1.2	91.33333333	109.6	14.0	8.1	22.4	YES	6
25	0.6	182.6666667	109.6	14.0	8.0	20.1	YES	3
26	0.7	161.1764706	112.8	15.0	6.9	12.7	YES	3.4
27	1.4	121.7777778	170.5	13.6	6.6	13.5	YES	4.5
28	2.2	156.5714286	344.5	13.0	7.3	19.9	YES	3.5
29	2.0	89.83606557	179.7	8.5	7.5	28.5	YES	6.1
30	2.2	84.30769231	185.5	11.0	6.9	20.0	YES	6.5
31	1.3	109.6	142.5	11.0	7.8	24.7	YES	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