

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Apr-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 ¹ [NTU]
1	50	50	0	25	0.082	0.082
2	55	55	0	25	0.079	0.079
3	55	55	0	25	0.023	0.023
4	55	55	0	25	0.046	0.046
5	50	50	0	25	0.112	0.112
6	55	55	0	25	0.041	0.041
7	52	52	0	25	0.066	0.066
8	55	55	0	25	0.021	0.021
9	52	52	0	25	0.054	0.054
10	55	55	0	25	0.067	0.067
11	52	52	0	25	0.024	0.024
12	55	55	0	25	0.115	0.115
13	55	55	0	25	0.078	0.078
14	50	50	0	25	0.061	0.061
15	52	52	0	25	0.023	0.023
16	55	55	0	25	0.055	0.055
17	55	55	0	25	0.061	0.061
18	55	55	0	25	0.039	0.039
19	50	50	0	25	0.041	0.041
20	52	52	0	25	0.020	0.020
21	55	55	0	25	0.021	0.021
22	50	50	0	25	0.082	0.082
23	55	55	0	25	0.019	0.019
24	55	55	0	25	0.025	0.025
25	55	55	0	25	0.023	0.023
26	55	55	0	25	0.034	0.034
27	55	55	0	25	0.048	0.048
28	55	55	0	25	0.061	0.061
29	55	55	0	25	0.031	0.031
30	55	55	0	25	0.020	0.020
31	-	-	-	-	-	-

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-24	Disinfection Giardia Log Inactiv:	0.5
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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	77.18309859	177.5	13.8	6.8	15.9	YES	7.1
2	1.6	78.28571429	125.3	12.0	7.3	20.1	YES	7
3	1.1	78.28571429	86.1	12.2	6.8	15.8	YES	7
4	2.4	76.11111111	182.7	8.3	7.0	25.3	YES	7.2
5	1.4	78.28571429	109.6	8.5	7.0	22.3	YES	7
6	2.0	77.18309859	154.4	8.2	7.2	26.1	YES	7.1
7	1.2	78.28571429	93.9	10.0	8.0	28.1	YES	7
8	1.5	74.05405405	111.1	11.0	7.9	26.2	YES	7.4
9	1.1	78.28571429	86.1	10.0	8.0	27.8	YES	7
10	1.3	78.28571429	101.8	10.0	8.1	29.5	YES	7
11	1.7	76.11111111	129.4	13.0	8.0	24.4	YES	7.2
12	1.9	76.11111111	144.6	12.0	8.2	28.6	YES	7.2
13	1.6	78.28571429	125.3	12.0	8.0	25.7	YES	7
14	1.5	84.30769231	126.5	12.0	8.1	26.4	YES	6.5
15	1.4	91.33333333	127.9	11.0	8.4	31.1	YES	6
16	1.9	94.48275862	179.5	11.7	7.5	22.7	YES	5.8
17	1.8	91.33333333	164.4	12.0	7.8	24.5	YES	6
18	1.7	91.33333333	155.3	11.1	7.1	20.1	YES	6
19	1.4	94.48275862	132.3	11.8	8.2	27.4	YES	5.8
20	1.3	121.7777778	158.3	12.0	8.0	24.9	YES	4.5
21	1.6	109.6	175.4	12.0	7.9	24.8	YES	5
22	1.5	84.30769231	126.5	12.0	8.5	30.4	YES	6.5
23	2.1	144.2105263	302.8	18.1	7.6	15.7	YES	3.8
24	1.1	85.625	94.2	13.6	7.3	16.9	YES	6.4
25	1.4	80.58823529	112.8	13.1	7.2	17.4	YES	6.8
26	1.7	81.79104478	139.0	13.8	7.5	19.2	YES	6.7
27	1.9	133.6585366	254.0	13.6	7.5	19.9	YES	4.1
28	2.0	137	274.0	14.0	8.0	23.6	YES	4
29	1.9	109.6	208.2	14.0	7.8	21.7	YES	5
30	2.3	137	315.1	14.0	8.0	24.4	YES	4
31	-	-	-	-	-	-	-	-

² If Cl₂ 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