

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Sep-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	55	55	0	25	0.041	0.041
2	55	55	0	25	0.039	0.039
3	55	55	0	25	0.066	0.066
4	56	56	0	25	0.020	0.020
5	52	52	0	25	0.079	0.079
6	55	55	0	25	0.031	0.031
7	51	51	0	25	0.027	0.027
8	55	55	0	25	0.025	0.025
9	54	54	0	25	0.019	0.019
10	51	51	0	25	0.310	0.310
11	51	51	0	25	0.036	0.036
12	55	55	0	25	0.024	0.024
13	55	55	0	25	0.023	0.023
14	51	51	0	25	0.025	0.025
15	55	55	0	25	0.021	0.021
16	55	55	0	25	0.031	0.031
17	53	53	0	25	0.021	0.021
18	51	51	0	25	0.036	0.036
19	56	56	0	25	0.025	0.025
20	54	54	0	25	0.022	0.022
21	55	55	0	25	0.025	0.025
22	55	55	0	25	0.039	0.039
23	54	54	0	25	0.017	0.017
24	54	54	0	25	0.021	0.021
25	55	55	0	25	0.029	0.029
26	55	55	0	25	0.031	0.031
27	54	54	0	25	0.016	0.016
28	55	55	0	25	0.017	0.017
29	52	52	0	25	0.025	0.025
30	55	55	0	25	0.044	0.044
31				25		

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: Sep-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	1.8	107.4509804	193.4	22.0	8.9	18.9	YES	5.1
2	1.9	127.4418605	242.1	22.0	8.8	18.4	YES	4.3
3	1.9	130.4761905	247.9	21.0	8.9	20.4	YES	4.2
4	1.9	152.2222222	289.2	20.0	8.9	21.8	YES	3.6
5	1.9	99.63636364	189.3	20.0	8.8	21.0	YES	5.5
6	1.9	111.8367347	212.5	24.0	8.9	16.7	YES	4.9
7	1.7	94.48275862	160.6	21.0	8.6	17.9	YES	5.8
8	1.9	109.6	208.2	21.0	8.9	20.4	YES	5
9	1.8	91.33333333	164.4	20.0	8.9	21.6	YES	6
10	1.5	83.03030303	124.5	20.0	8.8	20.1	YES	6.6
11	1.8	86.98412698	156.6	20.0	8.3	17.3	YES	6.3
12	2.1	127.4418605	267.6	19.0	8.8	23.0	YES	4.3
13	2.1	130.4761905	274.0	19.0	8.6	21.4	YES	4.2
14	2.0	89.83606557	179.7	19.0	8.7	21.9	YES	6.1
15	2.1	109.6	230.2	17.0	8.9	27.2	YES	5
16	2.0	137	274.0	20.0	8.9	22.1	YES	4
17	1.5	103.3962264	155.1	20.0	8.7	19.4	YES	5.3
18	1.7	101.4814815	172.5	19.0	8.3	18.3	YES	5.4
19	1.7	161.1764706	274.0	20.0	8.8	20.6	YES	3.4
20	1.7	105.3846154	179.2	19.0	8.1	17.0	YES	5.2
21	1.8	91.33333333	164.4	18.0	8.8	23.7	YES	6
22	2.2	84.30769231	185.5	19.0	8.9	24.1	YES	6.5
23	1.7	96.14035088	163.4	19.0	8.2	17.6	YES	5.7
24	1.4	101.4814815	142.1	22.0	8.4	15.0	YES	5.4
25	1.6	109.6	175.4	20.0	8.8	20.3	YES	5
26	1.8	137	246.6	21.0	8.9	20.2	YES	4
27	2.1	171.25	359.6	21.0	8.8	20.1	YES	3.2
28	1.7	133.6585366	227.2	17.0	8.9	26.0	YES	4.1
29	1.8	130.4761905	234.9	18.0	8.9	24.6	YES	4.2
30	1.5	103.3962264	155.1	17.0	8.9	25.4	YES	5.3
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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:

Revised November 2022

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