

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Nov-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	0.024	0.024
2	55	55	0	25	0.025	0.025
3	52	52	0	25	0.019	0.019
4	50	50	0	25	0.028	0.028
5	52	52	0	25	0.024	0.024
6	50	50	0	25	0.023	0.023
7	52	52	0	25	0.020	0.020
8	50	50	0	25	0.020	0.020
9	50	50	0	25	0.024	0.024
10	50	50	0	25	0.020	0.020
11	52	52	0	25	0.019	0.019
12	50	50	0	25	0.023	0.023
13	55	55	0	25	0.025	0.025
14	52	52	0	25	0.010	0.010
15	54	54	0	25	0.029	0.029
16	52	52	0	25	0.024	0.024
17	55	55	0	25	0.022	0.022
18	50	50	0	25	0.020	0.020
19	48	48	0	25	0.019	0.019
20	55	55	0	25	0.016	0.016
21				25		
22				25		
23				25		
24	50	50	0	25	0.021	0.021
25	52	52	0	25	0.016	0.016
26	51	51	0	25	0.022	0.022
27	53	53	0	25	0.017	0.017
28	55	55	0	25	0.020	0.020
29	52	52	0	25	0.021	0.021
30	55	55	0	25	0.017	0.017
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 Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	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: Nov-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	1.6	137	219.2	12.0	8.9	35.6	YES	4
2	1.6	109.6	175.4	12.0	8.7	33.1	YES	5
3	1.5	114.1666667	171.3	12.0	8.1	26.4	YES	4.8
4	1.7	94.48275862	160.6	10.0	8.3	33.2	YES	5.8
5	1.4	114.1666667	159.8	10.0	7.9	27.7	YES	4.8
6	1.6	119.1304348	190.6	9.0	7.8	29.3	YES	4.6
7	1.5	133.6585366	200.5	10.0	8.0	29.1	YES	4.1
8	1.2	121.7777778	146.1	10.0	7.8	26.2	YES	4.5
9	1.4	114.1666667	159.8	10.0	7.7	25.8	YES	4.8
10	1.2	121.7777778	146.1	10.0	7.8	26.2	YES	4.5
11	1.4	130.4761905	182.7	10.0	7.7	25.8	YES	4.2
12	1.2	105.3846154	126.5	10.0	7.9	27.1	YES	5.2
13	1.4	124.5454545	174.4	10.0	7.7	25.8	YES	4.4
14	1.5	130.4761905	195.7	10.0	7.9	28.1	YES	4.2
15	1.5	119.1304348	178.7	10.0	7.8	27.1	YES	4.6
16	1.8	133.6585366	240.6	10.0	7.7	27.0	YES	4.1
17	2.1	188.9655172	396.8	9.0	7.8	31.1	YES	2.9
18	1.8	116.5957447	209.9	8.0	7.7	31.0	YES	4.7
19	1.8	107.4509804	193.4	10.0	7.7	27.0	YES	5.1
20	2.1	195.7142857	411.0	10.0	7.5	26.1	YES	2.8
21								
22								
23								
24	1.8	228.3333333	411.0	10.0	7.3	23.5	YES	2.4
25	1.9	219.2	416.5	10.0	7.1	22.1	YES	2.5
26	1.4	228.3333333	319.7	9.0	7.1	22.3	YES	2.4
27	1.9	219.2	416.5	9.0	7.1	23.6	YES	2.5
28	1.9	219.2	416.5	9.0	7.6	28.2	YES	2.5
29	2.0	210.7692308	421.5	9.0	7.7	29.6	YES	2.6
30	1.7	195.7142857	332.7	9.0	7.7	28.6	YES	2.8
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:

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