

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Dec-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	0.046	0.046
2	50	50	0	25	0.031	0.031
3	50	50	0	25	0.044	0.044
4	52	52	0	25	0.021	0.021
5	52	52	0	25	0.020	0.020
6	55	55	0	25	0.016	0.016
7	55	55	0	25	0.016	0.016
8	55	55	0	25	0.016	0.016
9	55	55	0	25	0.018	0.018
10	55	55	0	25	0.019	0.019
11	37	37	0	25	0.020	0.020
12	42	42	0	25	0.021	0.021
13	55	55	0	25	0.022	0.022
14	54	54	0	25	0.024	0.024
15	42	42	0	25	0.026	0.026
16	51	51	0	25	0.027	0.027
17	52	52	0	25	0.019	0.019
18	54	54	0	25	0.025	0.025
19	52	52	0	25	0.024	0.024
20	51	51	0	25	0.018	0.018
21	46	46	0	25	0.020	0.020
22	45	45	0	25	0.025	0.025
23	43	43	0	25	0.023	0.023
24				25		
25				25		
26				25		
27				25		
28				25		
29				25		
30				25		
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: Dec-24	Disinfection <i>Giardia</i> 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	130.4761905	208.8	5.0	7.3	32.1	YES	4.2
2	1.6	182.6666667	292.3	5.0	7.6	35.8	YES	3
3	1.5	105.3846154	158.1	5.0	7.3	31.7	YES	5.2
4	2.1	219.2	460.3	6.0	7.8	38.1	YES	2.5
5	2.1	219.2	460.3	7.0	7.8	35.6	YES	2.5
6	2.1	210.7692308	442.6	8.0	7.9	34.5	YES	2.6
7	2.0	219.2	438.4	8.0	7.9	34.1	YES	2.5
8	1.9	238.2608696	452.7	8.0	7.3	27.1	YES	2.3
9	2.0	219.2	438.4	8.0	7.5	29.5	YES	2.5
10	2.0	219.2	438.4	8.0	7.9	34.1	YES	2.5
11	2.3	101.4814815	233.4	8.0	7.3	28.4	YES	5.4
12	2.4	130.4761905	313.1	18.0	7.3	14.6	YES	4.2
13	2.2	228.3333333	502.3	18.0	7.9	17.8	YES	2.4
14	2.0	219.2	438.4	18.0	7.9	17.4	YES	2.5
15	2.0	109.6	219.2	18.0	7.9	17.4	YES	5
16	1.9	109.6	208.2	17.0	7.9	18.4	YES	5
17	1.9	109.6	208.2	15.0	8.0	21.8	YES	5
18	2.2	219.2	482.2	10.0	7.9	30.4	YES	2.5
19	2.0	182.6666667	365.3	10.0	7.9	29.7	YES	3
20	1.7	91.33333333	155.3	10.0	7.8	27.7	YES	6
21	1.5	101.4814815	152.2	9.0	7.8	29.0	YES	5.4
22	1.6	109.6	175.4	10.0	8.4	34.0	YES	5
23	1.2	91.33333333	109.6	14.0	8.0	21.6	YES	6
24								
25								
26								
27								
28								
29								
30								
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