



Cartridge or Bag Filtration

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	55	55	0	25	0.022	0.022
5				25		
6				25		
7				25		
8				25		
9				25		
10				25		
11				25		
12				25		
13				25		
14				25		
15				25		
16				25		
17				25		
18				25		
19				25		
20				25		
21				25		
22				25		
23				25		
24				25		
25				25		
26				25		
27				25		
28	55	55	0	25	0.043	0.043
29				25		
30				25		
31				25		

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>YES</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>YES</b>
All daily turbidity readings ≤ 5 NTU? <b>Yes</b>		

**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> Feb-25	<b>Disinfection <i>Giardia</i> Log Inactiv:</b> 0.5
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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								
2								
3								
4	1.1	195.7142857	215.3	11.0	7.8	24.2	YES	2.8
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28	1.3	127.4418605	165.7	9.0	8.3	33.9	YES	4.3
29								
30								
31								

<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:

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

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