

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Nov-25

System Name:		Lake Selmac 2		ID#:	41	94645	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	0.026	0.026		
2	50	50	0	25	0.025	0.025		
3	50	50	0	25	0.023	0.023		
4	50	50	0	25	0.024	0.024		
5	50	50	0	25	0.054	0.054		
6	50	50	0	25	0.040	0.040		
7				25				
8				25				
9				25				
10				25				
11				25				
12				25				
13				25				
14				25				
15				25				
16				25				
17				25				
18	50	50	0	25	0.047	0.047		
19	50	50	0	25	0.040	0.040		
20	50	50	0	25	0.035	0.035		
21	50	50	0	25	0.039	0.039		
22	50	50	0	25	0.031	0.031		
23	50	50	0	25	0.025	0.025		
24	50	50	0	25	0.020	0.020		
25	50	50	0	25	0.022	0.022		
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 $\leq$ 1 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 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 2	ID#: 41	94645	Month/Year:	Nov-25	Disinfection <i>Giardia</i> Log Inactiv:	0.5
--------------	---------------	---------	-------	-------------	--------	---	-----

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	2.1	274	575.4	16.0	7.9	20.1	YES	2
2	2.0	274	548.0	15.0	8.1	22.9	YES	2
3	2.6	274	712.4	16.0	8.3	24.7	YES	2
4	1.9	304.4444444	578.4	16.0	7.9	19.7	YES	1.8
5	1.8	304.4444444	548.0	16.0	8.1	21.0	YES	1.8
6	1.0	219.2	219.2	16.0	7.6	15.9	YES	2.5
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18	1.4	219.2	306.9	15.0	8.1	21.4	YES	2.5
19	1.3	274	356.2	14.0	8.1	22.6	YES	2
20	1.3	274	356.2	13.0	8.2	25.1	YES	2
21	1.2	365.3333333	438.4	12.0	8.3	27.4	YES	1.5
22	1.4	365.3333333	511.5	12.0	7.9	24.3	YES	1.5
23	1.4	342.5	479.5	13.0	8.1	24.4	YES	1.6
24	1.3	322.3529412	419.1	13.0	8.1	24.2	YES	1.7
25	1.2	365.3333333	438.4	13.0	8.0	23.0	YES	1.5
26								
27								
28								
29								
30								
31								

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify

Revised November 2022

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