

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Dec-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 <sup>1</sup> [NTU]
1				25		
2				25		
3				25		
4				25		
5				25		
6				25		
7				25		
8	50	50	0	25	0.088	0.088
9	50	50	0	25	0.023	0.023
10	50	50	0	25	0.041	0.041
11	50	50	0	25	0.024	0.024
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	50	50	0	25	0.021	0.021
25				25		
26				25		
27				25		
28				25		
29				25		
30	50	50	0	25	0.032	0.032
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.

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WTP-: 94645

<b>System Name:</b>	<b>Lake Selmac 2</b>	<b>ID#: 41</b>	<b>94645</b>	<b>Month/Year:</b>	<b>Dec-25</b>	<b>Disinfection Giardia Log Inactiv:</b>	<b>0.5</b>
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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								
5								
6								
7								
8	1.6	210.7692308	337.2	15.0	8.4	24.4	YES	2.6
9	2.4	260.952381	626.3	14.0	8.1	25.6	YES	2.1
10	2.6	274	712.4	14.0	7.8	23.5	YES	2
11	2.6	274	712.4	14.0	8.0	25.2	YES	2
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24	2.4	260.952381	626.3	12.0	8.1	29.2	YES	2.1
25								
26								
27								
28								
29								
30	2.1	15222.22222	31966.7	10.0	8.0	31.2	YES	0.036
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

Revised November 2022