

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Mar-26

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				25		
2				25		
3				25		
4				25		
5				25		
6				25		
7				25		
8				25		
9	51	51	0	25	0.015	0.015
10	51	51	0	25	0.014	0.014
11				25		
12				25		
13				25		
14				25		
15				25		
16	51	51	0	25	0.017	0.017
17	51	51	0	25	0.017	0.017
18	51	51	0	25	0.014	0.014
19	51	51	0	25	0.015	0.015
20				25		
21				25		
22				25		
23				25		
24	51	51	0	25	0.020	0.020
25	51	51	0	25	0.017	0.017
26	51	51	0	25	0.028	0.028
27	51	51	0	25	0.021	0.021
28	51	51	0	25	0.014	0.014
29	51	51	0	25	0.015	0.015
30	51	51	0	25	0.025	0.025
31	51	51	0	25	0.050	0.050

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes	CT's met everyday? (see back) YES	All Cl2 residual at entry point ≥ 0.2 mg/l? YES
All daily turbidity readings ≤ 5 NTU? 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:	Mar-26	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								
2								
3								
4								
5								
6								
7								
8								
9	2.2	260.952381	574.1	15.0	8.0	22.6	YES	2.1
10	2.1	288.4210526	605.7	15.0	8.1	23.2	YES	1.9
11								
12								
13								
14								
15								
16	2.1	288.4210526	605.7	14.0	8.2	25.7	YES	1.9
17	2.0	274	548.0	14.0	8.0	23.6	YES	2
18	1.7	238.2608696	405.0	14.0	7.8	21.2	YES	2.3
19	1.9	274	520.6	14.0	8.0	23.3	YES	2
20								
21								
22								
23								
24	1.5	228.3333333	342.5	15.0	8.1	21.6	YES	2.4
25	1.5	238.2608696	357.4	13.0	7.7	21.3	YES	2.3
26	1.7	210.7692308	358.3	15.0	7.9	20.6	YES	2.6
27	1.9	274	520.6	15.0	8.0	21.8	YES	2
28	1.2	219.2	263.0	16.0	7.9	18.2	YES	2.5
29	1.2	219.2	263.0	16.0	7.9	18.2	YES	2.5
30	1.2	249.0909091	298.9	16.0	8.0	18.9	YES	2.2
31	1.2	202.962963	243.6	19.0	7.8	14.4	YES	2.7

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