

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Josephine

Cartridge or Bag Filtration



Month/Year: Feb-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 <sup>1</sup> [NTU]
1	-	-	-	-	-	-
2	-	-	-	-	-	-
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5	55	55	0	25	0.656	0.656
6	-	-	-	-	-	-
7	-	-	-	-	-	-
8	-	-	-	-	-	-
9	-	-	-	-	-	-
10	-	-	-	-	-	-
11	-	-	-	-	-	-
12	-	-	-	-	-	-
13	-	-	-	-	-	-
14	-	-	-	-	-	-
15	-	-	-	-	-	-
16	-	-	-	-	-	-
17	-	-	-	-	-	-
18	-	-	-	-	-	-
19	-	-	-	-	-	-
20	-	-	-	-	-	-
21	-	-	-	-	-	-
22	53	53	0	25	0.016	0.016
23	55	55	0	25	0.017	0.017
24	55	55	0	25	0.015	0.015
25	50	50	0	25	0.031	0.031
26	50	50	0	25	0.026	0.026
27	50	50	0	25	0.037	0.037
28	40	40	0	25	0.056	0.056
29	53	53	0	25	0.040	0.040
30	-	-	-	-	-	-
31	-	-	-	-	-	-

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

<b>Notes: PSI = pounds per square inch</b> <b>PSID = pounds per square inch difference (before filter - after filter)</b> <b>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</b>	<b>PRINTED NAME:</b>	
	<b>SIGNATURE:</b>	<b>DATE:</b>
	<b>PHONE #: (     )</b>	<b>CERT #: 2379</b>

<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-24	<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	0.5	-	-	-	-	-	-	-
2	0.5	-	-	-	-	-	-	-
3	0.5	-	-	-	-	-	-	-
4	0.6	-	-	-	-	-	-	-
5	1.4	109.6	153.4	11.0	8.1	27.9	YES	5
6	1.4	-	-	-	-	-	-	-
7	1.3	-	-	-	-	-	-	-
8	1.3	-	-	-	-	-	-	-
9	1.3	-	-	-	-	-	-	-
10	1.2	-	-	-	-	-	-	-
11	1.3	-	-	-	-	-	-	-
12	1.3	-	-	-	-	-	-	-
13	1.2	-	-	-	-	-	-	-
14	1.0	-	-	-	-	-	-	-
15	1.1	-	-	-	-	-	-	-
16	0.9	-	-	-	-	-	-	-
17	0.9	-	-	-	-	-	-	-
18	1.0	-	-	-	-	-	-	-
19	0.9	-	-	-	-	-	-	-
20	1.0	-	-	-	-	-	-	-
21	0.8	-	-	-	-	-	-	-
22	1.3	109.6	142.5	13.0	7.7	20.9	YES	5
23	1.2	137	164.4	13.0	7.2	17.1	YES	4
24	3.1	130.4761905	404.5	13.3	6.8	18.0	YES	4.2
25	0.8	109.6	87.7	15.0	7.0	13.3	YES	5
26	0.8	109.6	87.7	14.0	7.1	14.8	YES	5
27	1.1	105.3846154	115.9	13.0	7.0	15.7	YES	5.2
28	0.8	114.1666667	91.3	13.7	7.6	18.1	YES	4.8
29	1.5	137	205.5	14.0	7.5	18.5	YES	4
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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