

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration April 2021

Month/Year: April 21

System Name: SFI ID# 41 WTP ID:

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	40	40	0	40	.045	.045
2	40	40	0	40	.045	.045
3	40	40	0	40	.045	.045
4	40	40	0	40	.035	.035
5	40	40	0	40	.035	.035
6	40	40	0	40	.035	.035
7	40	40	0	40	.035	.035
8	40	40	0	40	.035	.035
9	40	40	0	40	.041	.041
10	40	40	0	40	.041	.041
11	40	40	0	40	.041	.041
12	40	40	0	40	.041	.041
13	40	40	0	40	.035	.035
14	40	40	0	40	.035	.035
15	40	40	0	40	.044	.044
16	40	40	0	40	.044	.044
17	40	40	0	40	.042	.042
18	40	40	0	40	.044	.044
19	40	40	0	40	.040	.040
20	40	40	0	40	.040	.040
21	40	40	0	40	.040	.040
22	40	40	0	40	.040	.040
23	40	40	0	40	.040	.040
24	40	40	0	40	.040	.040
25	40	40	0	40	.040	.040
26	40	40	0	40	.040	.040
27	40	40	0	40	.040	.040
28	40	40	0	40	.040	.040
29	40	40	0	40	.040	.040
30	40	40	0	40	.040	.040
31	40	40	0	40	.040	.040

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: <u>Lillie Hazelton</u>	
	SIGNATURE: <u>Lillie Hazelton</u>	DATE: <u>May 7, 2021</u>
	PHONE #: <u>(541) 415-9788</u>	CERT #:

¹ Including continuous turbidity 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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OHA - Drinking Water Services - Surface Water Quality Data Form

April 2021

Month/Year: April 21

System Name: 259/GPM		ID# 41	WTP					
Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
1/	.6	86	51.6	12.9	8.3	31	Yes	3.1
2/	.5	86	43	12.9	8.3	31	Y	3.1
3/	1.0	70	70	15.5	8.4	43	Y	3.7
4/	1.0	70	70	15.5	8.4	43	Y	3.7
5/	1.0	70	70	15.5	8.4	43	Y	3.7
6/	1.0	70	70	16.0	8.4	43	Y	3.7
7/	1.0	97	97	16.1	8.4	43	Y	2.6
8/	1.0	97	97	19.1	8.4	33	Y	2.6
9/	1.0	97	97	19.1	8.4	33	Y	2.6
10/	1.0	97	97	19.1	8.4	33	Y	2.6
11/	1.0	97	97	19.1	8.4	33	Y	2.6
12/	1.0	97	97	19.1	8.4	33	Y	2.6
13/	1.0	93	93	19.0	8.4	33	Y	2.6
14/	1.0	70	70	18.8	8.4	33	Y	2.7
15/	1.0	75	75	18.8	8.4	33	Y	2.7
16/	1.0	90	90	18.8	8.4	33	Y	2.7
17/	1.0	90	90	18.8	8.4	33	Y	2.7
18/	1.0	94	94	18.8	8.4	33	Y	2.7
19/	1.0	70	70	18.8	8.4	33	Y	2.7
20/	1.0	70	70	15.1	8.4	43	Y	2.7
21/	1.0	70	70	15.0	8.4	43	Y	2.7
22/	1.0	90	90	15.0	8.4	43	Y	2.7
23/	1.0	80	80	15.0	8.4	43	Y	2.7
24/	1.0	70	70	15.0	8.4	43	Y	2.7
25/	1.0	95	95	15.0	8.4	43	Y	2.7
26/	1.0	70	70	15.0	8.4	43	Y	2.7
27/	1.0	70	70	15.0	8.4	43	Y	2.7
28/	1.0	70	70	15.0	8.4	43	Y	2.7
29/	1.0	70	70	15.0	8.4	43	Y	2.7
30/	1.0	70	70	15.0	8.4	43	Y	2.7
31/								

Way System
Chlorine
1.0
pH stabilized at 8.4
Same time daily when possible for 15 months
Filled Chlorine Tank Chlorine not steady yet.

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised August 2016
Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Return by 10th of following month by email, fax or mail to:
dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350