OHA - Drinking Water Services – Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Josephine

Month/Year: May 2021

System Name: Deer Creek 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	.037	.037
2	40	40	0	40	.037	.037
3	40	40	0	40	.037	.037
4	40	40	0	40	.037	.037
5	40	40	0	40	.037	.037
6	40	40	0	40	.037	.037
7	40	40	0	40	.038	.038
8	40	40	0	40	.036	.036
9	40	40	0	40	.036	.036
10	40	40	0	40	.036	.036
11	40	40	0	40	.036	.036
12	40	40	0	40	.036	.036
13	40	40	0	40	.036	.036
14	40	40	0	40	.036	.036
15	40	40	0	40	.036	.036
16	40	40	0	40	.036	.036
17	40	40	0	40	.036	.036
18	40	40	0	40	.036	.036
19	40	40	0	40	.036	.036
20	40	40	0	40	.036	.036
21	40	40	0	40	.036	.036
22	40	40	0	40	.036	.036
23	40	40	0	40	.035	.035
24	40	40	0	40	.047	.047
25	40	40	0	40	.048	.048
26	40	40	0	40	.074	.074
27	40	40	0	40	.074	.074
28	40	40	0	40	.074	.074
29	40	40	0	40	.074	.074
30	40	40	0	40	.074	.074
31	40	40	0	40	.074	.074

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? (Yes) / No

All daily turbidity readings ≤ 5 NTU? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residual at entry point ≥ 0.2 mg/l? (Yes) / 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: Lillie Hazelton

SIGNATURE: Lillie Hazelton DATE: June 2, 2021

PHONE #: (541) 415-9788 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.

Josephine

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: May 202

System Name: Jose Creek 259/GPM ID# 41 WTP

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]		Use tables	Yes / No	[GPM]
1 /	1.0	65	65	19.0	8.4	43	Yes	3.9
2 /	1.0	90	90	19.0	8.4	43	Y	2.8
3 /	1.0	90	90	19.0	8.4	43	Y	2.8
4 /	1.0	70	70	18.5	8.4	43	Y	3.7
5 /	1.0	70	70	18.5	8.4	43	Y	3.7
6 /	1.0	90	90	18.0	8.4	43	Y	2.8
7 /	1.0	71	71	12.8	8.4	43	Y	3.6
8 /	1.0	90	90	12.8	8.4	43	Y	2.8
9 /	1.0	95	95	12.8	8.4	43	Y	2.7
10 /	1.0	95	95	17.8	8.4	43	Y	2.7
11 /	1.0	70	70	17.8	8.4	43	Y	3.7
12 /	1.0	75	75	12.8	8.4	43	Y	3.4
13 /	1.0	90	90	17.8	8.4	43	Y	2.8
14 /	1.0	95	95	17.8	8.4	43	Y	2.7
15 /	1.0	90	90	17.0	8.4	43	Y	2.8
16 /	1.0	65	65	16.0	8.4	43	Y	3.9
17 /	1.0	85	85	16.0	8.4	43	Y	3.0
18 /	1.0	60	60	16.0	8.4	43	Y	4.3
19 /	1.0	60	60	16.0	8.4	43	Y	4.3
20 /	1.0	80	80	16.0	8.4	43	Y	3.2
21 /	1.0	65	65	16.9	8.4	43	Y	3.9
22 /	1.0	70	70	16.9	8.4	43	Y	3.7
23 /	1.0	60	60	16.9	8.4	43	Y	4.3
24 /	1.0	90	90	16.9	8.4	43	Y	2.8
25 /	1.0	90	90	16.9	8.7	43	Y	2.8
26 /	1.0	60	60	22.5	8.5	33	Y	4.3
27 /	1.0	83	83	20.0	8.5	33	Y	3.1
28 /	1.0	60	60	20.0	8.5	33	Y	4.3
29 /	1.0	65	65	22.0	8.5	33	Y	3.9
30 /	1.0	90	90	25.2	8.5	20	Y	2.8
31 /	1.0	85	85	25.2	8.5	20	Y	3.0

[2] If Cl_2 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