

OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Josephine  
 Month/Year: June 2021

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	40	40	0	40	0.41	0.41
2	40	40	0	40	0.41	0.41
3	40	40	0	40	0.37	0.37
4	40	40	0	40	0.37	0.37
5	40	40	0	40	0.37	0.37
6	40	40	0	40	0.37	0.37
7	40	40	0	40	0.37	0.37
8	40	40	0	40	0.35	0.35
9	40	40	0	40	0.35	0.35
10	40	40	0	40	0.36	0.36
11	40	40	0	40	0.36	0.36
12	40	40	0	40	0.36	0.36
13	40	40	0	40	0.36	0.36
14	40	40	0	40	0.36	0.36
15	40	40	0	40	0.36	0.36
16	40	40	0	40	0.36	0.36
17	40	40	0	40	0.36	0.36
18	40	40	0	40	0.36	0.36
19	40	40	0	40	0.47	0.47
20	40	40	0	40	0.47	0.47
21	40	40	0	40	0.47	0.47
22	40	40	0	40	0.47	0.47
23	40	40	0	40	0.32	0.32
24	40	40	0	40	0.22	0.22
25	40	40	0	40	0.10	0.10
26	40	40	0	40	0.10	0.10
27	40	40	0	40	0.10	0.10
28	40	40	0	40	0.10	0.10
29	40	40	0	40	0.60	0.60
30	40	40	0	40	0.63	0.63
31	40	40	0	40		

<b>Cartridge Filtration Monthly Summary</b> 99% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> 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 Hazette</u>	SIGNATURE: <u>Lillie Hazette</u>	DATE: <u>7-1-21</u>
	PHONE #: <u>(541) 415-9788</u>	CERT #:	

OHA - Drinking Water Services - Surface Water Quality Data Form

Boop Creek

Month/Year: June 2009

System Name: 257/GM		ID# 41		WTP				
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>1</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.0	65	65	24.3	8.4	30	Y	3.9
2/	1.0	90	90	24.3	8.4	30	Y	2.8
3/	1.0	90	90	25.0	8.4	30	Y	2.8
4/	1.0	70	70	23.5	8.2	30	Y	3.5
5/	1.0	70	70	23.0	8.2	30	Y	3.7
6/	1.0	90	90	23.0	8.2	30	Y	2.8
7/	1.0	71	71	23.0	8.2	30	Y	2.8
8/	1.0	90	90	20.0	8.2	30	Y	2.7
9/	1.0	95	95	20.0	8.2	30	Y	2.7
10/	1.0	95	95	21.0	8.2	30	Y	2.7
11/	1.0	70	70	22.0	8.2	30	Y	3.5
12/	1.0	75	75	22.0	8.2	30	Y	3.4
13/	1.0	90	90	22.0	8.2	30	Y	2.8
14/	1.0	95	95	22.0	8.2	30	Y	2.7
15/	1.0	90	90	22.0	8.2	30	Y	2.8
16/	1.0	65	65	22.0	8.2	30	Y	3.9
17/	1.0	85	85	23.0	8.4	30	Y	3.0
18/	1.0	60	60	24.0	8.4	30	Y	4.3
19/	1.0	60	60	24.0	8.4	30	Y	4.3
20/	1.0	80	80	24.0	8.4	30	Y	3.2
21/	1.0	65	65	24.1	8.4	30	Y	3.9
22/	1.0	70	70	24.1	8.4	30	Y	3.5
23/	1.0	60	60	25.4	8.5	20	Y	4.3
24/	1.0	90	90	26.0	8.5	20	Y	2.8
25/	1.0	90	90	26.0	8.5	20	Y	2.8
26/	1.0	60	60	26.0	8.5	20	Y	4.3
27/	1.0	83	83	26.0	8.5	20	Y	3.1
28/	1.0	60	60	26.0	8.5	20	Y	4.3
29/	1.0	65	65	26.0	8.4	20	Y	3.9
30/	1.0	90	90	25.5	8.4	20	Y	2.8
31/								

<sup>1</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours. Revised August 2018  
 Download form at: [public.health.oregon.gov/healthy/Environment/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/healthy/Environment/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)  
 Return by 10<sup>th</sup> of following month by email, fax or mail to:  
 (fax) dms@state.or.us; Fax 971-673-0894; or Drinking Water Services, PO Box 14380, Portland, OR 97233-0380