

Josephine Co. Nov

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Month/Year: 2021

Cartridge or Bag Filtration

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	0.39	
2	40	40	0	40	0.39	
3	40	40	0	40	0.40	
4	40	40	0	40	1.00	
5	40	40	0	40	1.00	
6	40	40	0	40	0.40	
7	40	40	0	40	0.10	
8	40	40	0	40	0.10	
9	40	40	0	40	0.10	
10	40	40	0	40	0.39	
11	40	40	0	40	0.39	
12	40	40	0	40	0.39	
13	40	40	0	40	0.39	
14	40	40	0	40	0.37	
15	40	40	0	40	0.37	
16	40	40	0	40	0.37	
17	40	40	0	40	0.37	
18	40	40	0	40	0.33	
19	40	40	0	40	0.33	
20	40	40	0	40	0.33	
21	40	40	0	40	0.33	
22	40	40	0	40	0.33	
23	40	40	0	40	0.33	
24	40	40	0	40	0.33	
25	40	40	0	40	0.33	
26	40	40	0	40	0.34	
27	40	40	0	40	0.34	
28	40	40	0	40	0.34	
29	40	40	0	40	0.34	
30	40	40	0	40	0.34	
31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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: Lillie Hazeltan	
		SIGNATURE: L. Hazeltan	DATE: Dec 6, 2021
		PHONE #: 1541 4159988	CERT #:

[†] Including continuous turbidity 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

Josephine Nov. 2008

Month/Year: _____

System Name: Don Creek / SFT

ID# 41 95360

WTP _____

259 / 6PM

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/	1.0	60	60	15.0	8.2	33	Y	7.8
2/	1.0	90	90	15.0	8.2	33	Y	7.8
3/	1.0	70	70	15.0	8.2	33	Y	2.8
4/	1.0	70	70	15.0	8.2	33	Y	7.8
5/	1.0	75	75	15.0	8.2	33	Y	2.8
6/	1.0	90	90	15.0	8.2	33	Y	2.8
7/	1.0	60	60	15.0	8.2	33	Y	2.8
8/	1.0	65	65	15.0	8.2	33	Y	2.8
9/	1.0	90	90	15.0	8.2	33	Y	2.8
10/	1.0	90	90	15.0	8.2	33	Y	2.8
11/	1.0	60	60	15.0	8.2	33	Y	2.8
12/	1.0	65	65	15.0	8.2	33	Y	2.8
13/	1.0	65	65	15.0	8.2	33	Y	2.8
14/	1.0	75	75	15.0	8.2	33	Y	2.8
15/	1.0	75	75	15.0	8.2	33	Y	2.8
16/	1.0	65	65	15.0	8.2	33	Y	2.8
17/	1.0	60	60	15.0	8.2	33	Y	2.8
18/	1.0	75	75	13.5	8.2	50	Y	5.1
19/	1.0	70	70	13.5	8.2	50	Y	5.1
20/	1.0	60	60	13.5	8.2	50	Y	5.1
21/	1.0	65	65	13.5	8.2	50	Y	5.1
22/	1.0	70	70	13.5	8.2	50	Y	5.1
23/	1.0	90	90	13.5	8.2	50	Y	5.1
24/	1.0	90	90	13.5	8.2	50	Y	5.1
25/	1.0	65	65	13.5	8.2	50	Y	5.1
26/	1.0	95	95	13.5	8.2	50	Y	5.1
27/	1.0	60	60	13.5	8.2	50	Y	5.1
28/	1.0	60	60	13.0	8.2	50	Y	5.1
29/	1.0	75	75	13.0	8.2	50	Y	5.1
30/	1.0	60	60	13.0	8.2	50	Y	5.1
31/	1.0	-	-	-	-	-	Y	-

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_duce@state.or.us; Fax 971-673-0694, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350