

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Esophite

Cartridge or Bag Filtration

Month/Year: Dec. 2021

System Name: Deep Creek / S.F.T ID# 41 95360 WTP ID: \_\_\_\_\_

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	.034	
2	40	40	0	40	.034	
3	40	40	0	40	.034	
4	40	40	0	40	.034	
5	40	40	0	40	.035	
6	40	40	0	40	.035	
7	40	40	0	40	.034	
8	40	40	0	40	.034	
9	40	40	0	40	.031	
10	40	40	0	40	.031	
11	40	40	0	40	.010	
12	40	40	0	40	.018	
13	40	40	0	40	.016	
14	40	40	0	40	.010	
15	40	40	0	40	.010	
16	40	40	0	40	.010	
17	40	40	0	40	.038	
18	40	40	0	40	.038	
19	40	40	0	40	.038	
20	40	40	0	40	.038	
21	40	40	0	40	.038	
22	40	40	0	40	.038	
23	40	40	0	40	.037	
24	40	40	0	40	.037	
25	40	40	0	40	.037	
26	40	40	0	40	.037	
27	40	40	0	40	.037	
28	40	40	0	40	.037	
29	40	40	0	40	.037	
30	40	40	0	40	.035	
31	40	40	0	40	.035	

<b>Cartridge Filtration Monthly Summary</b> 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 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.	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No PRINTED NAME: <u>Lillie HAZETT</u> SIGNATURE: <u>Lillie HAZETT</u> DATE: <u>1-6-22</u> PHONE #: <u>541 445-9788</u> CERT #: _____
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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

Doc. 2021  
Josephine  
Month/Year: Dec 2016

System Name: 259/GPM		ID# 41 95360		WTP				
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> (ppm or mg/L)	Contact Time (T) (minutes)	Actual CT C X T	Temp (°C)	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow (GPM)
1/	1.0	60	60	7.0	8.2	50	Y	4.3
2/	1.0	65	65	7.0	8.2	50	Y	3.9
3/	1.0	90	90	7.0	8.2	50	Y	2.8
4/	1.0	70	70	7.0	8.2	50	Y	3.7
5/	1.0	75	75	7.0	8.2	50	Y	
6/	1.0	60	60	7.0	8.2	50	Y	4.3
7/	1.0	65	65	7.0	8.2	50	Y	3.9
8/	1.0	60	60	6.0	8.2	50	Y	4.3
9/	1.0	90	90	6.0	8.2	50	Y	2.8
10/	1.0	70	70	6.0	8.2	50	Y	3.7
11/	1.0	70	70	6.0	8.2	50	Y	3.7
12/	1.0	60	60	6.0	8.2	50	Y	4.3
13/	1.0	65	65	6.0	8.2	50	Y	3.9
14/	1.0	70	70	6.0	8.2	50	Y	3.7
15/	1.0	90	90	6.0	8.2	50	Y	2.8
16/	1.0	60	60	5.0	8.2	50	Y	4.3
17/	1.0	60	60	5.0	8.2	50	Y	4.3
18/	1.0	65	65	5.0	8.2	50	Y	3.9
19/	1.0	60	60	5.0	8.2	50	Y	4.3
20/	1.0	90	90	5.0	8.2	50	Y	2.8
21/	1.0	65	65	5.0	8.2	50	Y	3.9
22/	1.0	65	65	5.0	8.2	50	Y	3.9
23/	1.0	90	90	5.0	8.2	50	Y	2.8
24/	1.0	70	70	5.0	8.2	50	Y	3.7
25/	1.0	90	90	5.0	8.2	50	Y	2.8
26/	1.0	90	90	5.0	8.2	50	Y	2.8
27/	1.0	60	60	5.0	8.2	50	Y	4.3
28/	1.0	60	60	5.0	8.2	50	Y	4.3
29/	1.0	70	70	5.0	8.2	50	Y	3.7
30/	1.0	65	65	5.0	8.2	50	Y	3.9
31/	1.0	60	60	5.0	8.2	50	Y	4.3

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours.  
Download form at: [public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

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