

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Jan 2022

System Name: 259/GPM 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 ¹ [NTU]
1	40	40	0	40	0.35	
2	40	40	0	40	0.35	
3	40	40	0	40	0.35	
4	40	40	0	40	0.35	
5	40	40	0	40	0.35	
6	40	40	0	40	0.35	
7	40	40	0	40	0.35	
8	40	40	0	40	0.35	
9	40	40	0	40	0.35	
10	40	40	0	40	0.35	
11	40	40	0	40	0.34	
12	40	40	0	40	0.31	
13	40	40	0	40	0.31	
14	40	40	0	40	0.31	
15	40	40	0	40	0.31	
16	40	40	0	40	0.31	
17	40	40	0	40	0.31	
18	40	40	0	40	0.31	
19	40	40	0	40	0.34	
20	40	40	0	40	0.34	
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	0.33	
27	40	40	0	40	0.33	
28	40	40	0	40	0.33	
29	40	40	0	40	0.33	
30	40	40	0	40	0.33	
31	40	40	0	40	0.33	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input type="radio"/> Yes / <input checked="" type="radio"/> 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: <u>Lillie Hazell</u>	DATE: <u>Jan 2, 2022</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>541 415-9788</u>	

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.

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: 2022
January

System Name: <u>259/GPM</u>		ID# 41 <u>95360</u>		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/	1.0	90	90	4.	8.2	2.8	Y	
2/	1.0	65	65	4.	8.2	3.9	Y	
3/	1.0	70	70	4.	8.2	3.7	Y	
4/	1.0	70	70	4.	8.2	3.7	Y	
5/	1.0	60	60	4.	8.2	4.3	Y	
6/	1.0	60	60	4.	8.2	4.3	Y	
7/	1.0	90	90	4.	8.2	2.8	Y	
8/	1.0	70	70	4.	8.2	3.7	Y	
9/	1.0	70	70	4.	8.2	3.7	Y	
10/	1.0	60	60	4.	8.2	4.3	Y	
11/	1.0	60	60	4.	8.2	4.3	Y	
12/	1.0	90	90	4.	8.2	2.8	Y	
13/	1.0	95	95	4.	8.2	2.7	Y	
14/	1.0	70	70	4.	8.2	3.7	Y	
15/	1.0	60	60	4.	8.2	4.3	Y	
16/	1.0	60	60	4.	8.2	4.3	Y	
17/	1.0	75	75	4.	8.2	3.4	Y	
18/	1.0	90	90	4.	8.2	2.8	Y	
19/	1.0	60	60	4.	8.2	4.3	Y	
20/	1.0	65	65	4.	8.2	3.9	Y	
21/	1.0	65	65	4.	8.2	3.9	Y	
22/	1.0	65	65	4.	8.2	3.9	Y	
23/	1.0	90	90	4.	8.2	2.8	Y	
24/	1.0	90	90	4.	8.2	2.8	Y	
25/	1.0	95	95	4.0	8.2	2.7	Y	
26/	1.0	60	60	4.0	8.2	4.3	Y	
27/	1.0	60	60	4.0	8.2	4.3	Y	
28/	1.0	75	75	4.0	8.2	3.4	Y	
29/	1.0	60	60	4.0	8.2	4.3	Y	
30/	1.0	60	60	4.0	8.2	4.3	Y	
31/	1.0	95	95	4.0	8.2	2.7	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.dmcc@state.or.us; Fax 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350