

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: Feb. 2022

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	40	40	0	40	.033	
2	40	40	0	40	.033	
3	40	40	0	40	.033	
4	40	40	0	40	.033	
5	40	40	0	40	.033	
6	40	40	0	40	.033	
7	40	40	0	40	.033	
8	40	40	0	40	.033	
9	40	40	0	40	.033	
10	40	40	0	40	.033	
11	40	40	0	40	.032	
12	40	40	0	40	.033	
13	40	40	0	40	.033	
14	40	40	0	40	.033	
15	40	40	0	40	.033	
16	40	40	0	40	.033	
17	40	40	0	40	.033	
18	40	40	0	40	.033	
19	40	40	0	40	.033	
20	40	40	0	40	.033	
21	40	40	0	40	.033	
22	40	40	0	40	.033	
23	40	40	0	40	.034	
24	40	40	0	40	.034	
25	40	40	0	40	.034	
26	40	40	0	40	.034	
27	40	40	0	40	.034	
28	40	40	0	40	.034	
29	/	/	/	/	/	/
30	/	/	/	/	/	/
31	/	/	/	/	/	/

<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		<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	
<b>Notes:</b> 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 Hazelton</u>	
		SIGNATURE: <u>Lillie Hazelton</u>	DATE: <u>3-1-22</u>
		PHONE #: <u>(541) 415-9788</u>	CERT #:

<sup>1</sup> 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: Feb, 2022

T = 49°C

System Name: Deer Creek/SFI ID# 41 95360 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>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.05	49	24.5	17.0	8.4	2.4	Y	
2/	.05	49	24.5	17.0	8.4	2.4	Y	
3/	.05	49	24.5	18.0	8.4	2.4	Y	
4/	.05	49	24.5	18.0	8.4	2.4	Y	
5/	.05	49	24.5	18.0	8.4	2.4	Y	
6/	.05	49	24.5	18.0	8.4	2.4	Y	
7/	.05	49	24.5	17.6	8.4	2.4	Y	
8/	.05	49	24.5	17.0	8.4	2.4	Y	
9/	.05	49	24.5	16.0	8.4	2.4	Y	
10/	.05	49	24.5	16.0	8.4	2.4	Y	
11/	.05	49	24.5	11.0	8.4	2.0	Y	
12/	.05	49	24.5	11.0	8.4	2.0	Y	
13/	.05	49	24.5	11.0	8.4	2.0	Y	
14/	.05	49	24.5	12.0	8.4	2.0	Y	
15/	.05	49	24.5	12.0	8.4	2.0	Y	
16/	.05	49	24.5	14.0	8.4	2.0	Y	
17/	.05	49	24.5	14.0	8.4	2.0	Y	
18/	.05	49	24.5	16.2	8.4	2.4	Y	
19/	.05	49	24.5	16.2	8.4	2.4	Y	
20/	.05	49	24.5	18.0	8.4	2.4	Y	
21/	.05	49	24.5	16.0	8.4	2.4	Y	
22/	.05	49	24.5	16.0	8.4	2.4	Y	
23/	.05	49	24.5	16.0	8.4	2.4	Y	
24/	.05	49	24.5	16.0	8.4	2.4	Y	
25/	.05	49	24.5	16.0	8.4	2.4	Y	
26/	.05	49	24.5	16.0	8.4	2.4	Y	
27/	.05	49	24.5	16.0	8.4	2.4	Y	
28/	.05	40	24.5	16.0	8.4	2.4	Y	
29/	/	/	/	/	/	/	/	/
30/	/	/	/	/	/	/	/	/
31/	/	/	/	/	/	/	/	/

<sup>2</sup> If Cl<sub>2</sub> 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](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:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350