

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Month/Year: 4/2022

Cartridge or Bag Filtration

System Name: Iron Creek / S.F.I.

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	0.34	
2	40	40	0	40	0.34	
3	40	40	0	40	0.34	
4	40	40	0	40	0.34	
5	40	40	0	40	0.34	
6	40	40	0	40	0.34	
7	40	40	0	40	0.34	
8	40	40	0	40	0.34	
9	40	40	0	40	0.34	
10	40	40	0	40	0.34	
11	40	40	0	40	0.34	
12	40	40	0	40	0.34	
13	40	40	0	40	0.34	
14	40	40	0	40	0.34	
15	40	40	0	40	0.34	
16	40	40	0	40	0.34	
17	40	40	0	40	0.34	
18	40	40	0	40	0.34	
19	40	40	0	40	0.34	
20	40	40	0	40	0.34	
21	40	40	0	40	0.34	
22	40	40	0	40	0.34	
23	40	40	0	40	0.34	
24	40	40	0	40	0.34	
25	40	40	0	40	0.34	
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	40	40	0	40	0.34	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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.	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
	PRINTED NAME: <u>Lidie HAZELTON</u>	SIGNATURE: <u>Lidie HAZELTON</u>
	PHONE #: <u>(541) 445-9288</u>	CERT #:

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: April 2022

April 2022
~~April 2022~~

~~T=49~~
T=49

System Name: _____ ID# 41 95360 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 /	1.05	49	24.5	20	8.4	2.0	Y	
2 /	1.05	49	24.5	20	8.4	2.0	Y	
3 /	1.05	49	24.5	20	8.4	2.0	Y	
4 /	1.05	49	24.5	20	8.4	2.0	Y	
5 /	1.05	49	24.5	20	8.4	2.0	Y	
6 /	1.05	49	24.5	20	8.4	2.0	Y	
7 /	1.05	49	24.5	21	8.4	2.0	Y	
8 /	1.05	49	24.5	21	8.4	2.0	Y	
9 /	1.05	49	24.5	19	8.4	2.0	Y	
10 /	1.05	49	24.5	19	8.4	2.0	Y	
11 /	1.05	49	24.5	19	8.4	2.0	Y	
12 /	1.05	49	24.5	19	8.4	2.0	Y	
13 /	1.05	49	24.5	19	8.4	2.0	Y	
14 /	1.05	49	24.5	19	8.4	2.0	Y	
15 /	1.05	49	24.5	19	8.4	2.0	Y	
16 /	1.05	49	24.5	19	8.4	2.0	Y	
17 /	1.05	49	24.5	19	8.4	2.0	Y	
18 /	1.05	49	24.5	19	8.4	2.0	Y	
19 /	1.05	49	24.5	19	8.4	2.0	Y	
20 /	1.05	49	24.5	19	8.4	2.0	Y	
21 /	1.05	49	24.5	19	8.4	2.0	Y	
22 /	1.05	49	24.5	18	8.4	2.0	Y	
23 /	1.05	49	24.5	18	8.4	2.0	Y	
24 /	1.05	49	24.5	19	8.4	2.0	Y	
25 /	1.05	49	24.5	19	8.4	2.0	Y	
26 /	1.05	49	24.5	19	8.4	2.0	Y	
27 /	1.05	49	24.5	18	8.4	2.0	Y	
28 /	1.05	49	24.5	18	8.4	2.0	Y	
29 /	1.05	49	24.5	18	8.4	2.0	Y	
30 /	1.05	49	24.5	18	8.4	2.0	Y	
31 /								

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