

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: May 2022

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	0.34	
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	0.33	
21	40	40	0	40	0.33	
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		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	CTs 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 Hazelton</u>		
	SIGNATURE: <u>Lillie Hazelton</u>		DATE: <u>6/2/22</u>
	PHONE #: <u>(541) 415-9788</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: May 2022

T = 49°

System Name: Deer Creek/SFI 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/	.05	49	24.5	18	8.4	2.4	Y	
2/	.05	49	24.5	18	8.4	2.4	Y	
3/	.05	48	24.5	18	8.4	2.4	Y	
4/	.05	49	24.5	18	8.4	2.4	Y	
5/	.05	49	24.5	18	8.4	2.4	Y	
6/	.05	49	24.5	18	8.4	2.4	Y	
7/	.05	49	24.5	18	8.4	2.4	Y	
8/	.05	49	24.5	18	8.4	2.4	Y	
9/	.05	49	24.5	18	8.4	2.4	Y	
10/	.05	49	24.5	18	8.4	2.4	Y	
11/	.05	49	24.5	19	8.4	2.4	Y	
12/	.05	49	24.5	19	8.4	2.4	Y	
13/	.05	49	24.5	19	8.4	2.4	Y	
14/	.05	49	24.5	19	8.4	2.4	Y	
15/	.05	49	24.5	19	8.4	2.4	Y	
16/	.05	49	24.5	19	8.4	2.4	Y	
17/	.05	49	24.5	19	8.4	2.4	Y	
18/	.05	49	24.5	19	8.4	2.4	Y	
19/	.05	49	24.5	19	8.4	2.4	Y	
20/	.05	49	24.5	19	8.4	2.4	Y	
21/	.05	49	24.5	19	8.4	2.4	Y	
22/	.05	49	24.5	19	8.4	2.4	Y	
23/	.05	49	24.5	19	8.4	2.4	Y	
24/	.05	49	24.5	19	8.4	2.4	Y	
25/	.05	49	24.5	19	8.4	2.4	Y	
26/	.05	49	24.5	19	8.4	2.4	Y	
27/	.05	49	24.5	19	8.4	2.4	Y	
28/	.05	49	24.5	19	8.4	2.4	Y	
29/	.05	49	24.5	19	8.4	2.4	Y	
30/	.05	49	24.5	19	8.4	2.4	Y	
31/	.03	49	24.5	19	8.4	2.4	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.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350