

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: June 2022

System Name: DORCROCK/SFI 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 <sup>1</sup> [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	0.35	
13	40	40	0	40	0.35	
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	0.37	
21	40	40	0	40	0.37	
22	40	40	0	40	0.37	
23	40	40	0	40	0.37	
24	40	40	0	40	0.37	
25	40	40	0	40	0.37	
26	40	40	0	40	0.37	
27	40	40	0	40	0.37	
28	40	40	0	40	0.37	
29	40	40	0	40	0.37	
30	40	40	0	40	0.37	
31	40	40	0	40	0.37	

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</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	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual 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 Hazell</u>	DATE: <u>7-6-22</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: _____
		PHONE #: <u>(541) 45-9788</u>	

<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: **2022 July**

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	19	8.4	2.4	Y	
2 /	.05	49	24.5	19	8.4	2.4	Y	
3 /	.05	49	24.5	19	8.4	2.4	Y	
4 /	.05	49	24.5	19	8.4	2.4	Y	
5 /	.05	49	24.5	19	8.4	2.4	Y	
6 /	.05	49	24.5	19	8.4	2.4	Y	
7 /	.05	49	24.5	19	8.4	2.4	Y	
8 /	.05	49	24.5	19	8.4	2.4	Y	
9 /	.05	49	24.5	19	8.4	2.4	Y	
10 /	.05	49	24.5	19	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	18	8.4	2.4	Y	
27 /	.05	49	23.9	18	8.4	2.4	Y	
28 /	.05	49	23.9	18	8.4	2.4	Y	
29 /	.05	49	23.9	18	8.4	2.4	Y	
30 /	.05	49	23.9	18	8.4	2.4	Y	
31 /	.05	49	23.9	18	8.4	2.4	Y	

<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; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350