

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josphine

Cartridge or Bag Filtration

Month/Year: July 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	0.27	
2	40	40	0	40	0.37	
3	40	40	0	40	0.37	
4	46	40	6	40	0.37	
5	40	40	0	40	0.37	
6	40	40	0	40	0.37	
7	40	40	0	40	0.37	
8	40	40	0	40	0.37	
9	40	40	0	40	0.37	
10	40	40	0	40	0.41	
11	40	40	0	40	0.41	
12	40	40	0	40	0.37	
13	40	40	0	40	0.37	
14	40	40	0	40	0.36	
15	40	40	0	40	0.36	
16	40	40	0	40	0.36	
17	40	40	0	40	0.36	
18	40	40	0	40	0.36	
19	40	40	0	40	0.36	
20	40	40	0	40	0.36	
21	40	40	0	40	0.36	
22	40	40	0	40	0.36	
23	40	40	0	40	0.36	
24	40	40	0	40	0.36	
25	40	40	0	40	0.36	
26	40	40	0	40	0.36	
27	40	40	0	40	0.36	
28	40	40	0	40	0.36	
29	40	40	0	40	0.36	
30	40	40	0	40	0.36	
31	40	40	0	40	0.36	

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<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?		CT's met everyday? (see back) Yes / No	All Cl <sub>2</sub> 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>	DATE: <u>8-2-2022</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		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: June 2022

T = 49°

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/	1.05	49	24.5	18	8.4	2.4	Y	NA
2/	1.05	49	24.5	18	8.4	2.4	Y	
3/	1.05	49	24.5	18	8.4	2.4	Y	
4/	1.05	49	24.5	18	8.4	2.4	Y	
5/	1.05	49	24.5	18	8.4	2.4	Y	
6/	1.05	49	24.5	18	8.4	2.4	Y	
7/	1.05	49	24.5	18	8.4	2.4	Y	
8/	1.05	49	24.5	18	8.4	2.4	Y	
9/	1.05	49	24.5	18	8.4	2.4	Y	
10/	1.05	49	24.5	18	8.4	2.4	Y	
11/	1.05	49	24.5	18	8.4	2.4	Y	
12/	1.05	49	24.5	18	8.4	2.4	Y	
13/	1.05	49	24.5	18	8.4	2.4	Y	
14/	1.05	49	24.5	19	8.4	2.4	Y	
15/	1.05	49	24.5	19	8.4	2.4	Y	
16/	1.05	49	24.5	19	8.4	2.4	Y	
17/	1.05	49	24.5	19	8.4	2.4	Y	
18/	1.05	49	24.5	19	8.4	2.4	Y	
19/	1.05	49	24.5	19	8.4	2.4	Y	
20/	1.05	49	24.5	19	8.4	2.4	Y	
21/	1.05	49	24.5	19	8.4	2.4	Y	
22/	1.05	49	24.5	19	8.4	2.4	Y	
23/	1.05	49	24.5	19	8.4	2.4	Y	
24/	1.05	49	24.5	19	8.4	2.4	Y	
25/	1.05	49	24.5	20	8.4	2.4	Y	
26/	1.05	49	24.5	20	8.4	2.4	Y	
27/	1.05	49	24.5	21	8.4	2.4	Y	
28/	1.05	49	24.5	21	8.4	2.4	Y	
29/	1.05	49	24.5	21	8.4	2.4	Y	
30/	1.05	49	24.5	21	8.4	2.4	Y	
31/	1.05	49	24.5	21	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