

March 2023

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Josephine

Cartridge or Bag Filtration

Month/Year: March 2023

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	.032	.03
2	40	40	0	40	.033	.03
3	40	40	0	40	.033	.03
4	40	40	0	40	.033	.03
5	40	40	0	40	.033	1.0B
6	40	40	0	40	.033	1.0B
7	40	40	0	40	.033	.03
8	40	40	0	40	.035	.04
9	40	40	0	40	.035	.04
10	40	40	0	40	.035	.04
11	40	40	0	40	.035	.04
12	40	40	0	40	.035	.05
13	40	40	0	40	.034	.05
14	40	40	0	40	.041	.05
15	40	40	0	40	.041	.05
16	40	40	0	40	.041	.05
17	40	40	0	40	.048	.05
18	40	40	0	40	.048	.05
19	40	40	0	40	.048	.05
20	40	40	0	40	.048	.05
21	40	40	0	40	.048	.05
22	40	40	0	40	.049	.05
23	40	40	0	40	.049	.05
24	40	40	0	40	.048	.05
25	40	40	0	40	.048	.05
26	40	40	0	40	.048	.05
27	40	40	0	40	.048	.05
28	40	40	0	40	.045	.05
29	40	40	0	40	.045	.05
30	40	40	0	40	.045	.05
31	40	40	0	40	.045	.05

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No Yes/No	CT's met everyday? (see back) Yes/No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes/No
<p>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.</p>		PRINTED NAME: <u>Lillie Hazelton</u>	DATE: <u>4/5/23</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 415-9788</u>	

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.

March 2023

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: March 2023

System Name:		ID# 41		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 /	1.0	43	43	12	8.2	54	Y	6
2 /	1.0	43	43	12	8.2	54	Y	6
3 /	1.0	43	43	12	8.2	54	Y	6
4 /	1.0	43	43	12	8.2	54	Y	6
5 /	1.0	43	43	12	8.2	54	Y	6
6 /	1.0	43	43	12	8.2	54	Y	6
7 /	1.0	43	43	12	8.2	54	Y	6
8 /	1.0	51.8	51.8	11	8.2	54	Y	5
9 /	1.0	64	64	10	8.2	54	Y	4
10 /	1.0	64	64	10	8.2	54	Y	4
11 /	1.0	64	64	10	8.2	54	Y	4
12 /	1.0	64	64	10	8.2	54	Y	4
13 /	1.0	64	64	10	8.2	54	Y	4
14 /	1.0	64	64	10	8.2	54	Y	4
15 /	1.0	64	64	10	8.2	54	Y	4
16 /	1.0	64	64	10	8.2	54	Y	4
17 /	1.0	64	64	10	8.2	54	Y	4
18 /	1.0	64	64	10	8.2	54	Y	4
19 /	1.0	64	64	10	8.2	54	Y	4
20 /	1.0	64	64	10	8.2	54	Y	4
21 /	1.0	64	64	10	8.2	54	Y	4
22 /	1.0	64	64	10	8.2	54	Y	4
23 /	1.0	64	64	10	8.2	54	Y	4
24 /	1.0	64	64	10	8.2	54	Y	4
25 /	1.0	64	64	10	8.2	54	Y	4
26 /	1.0	64	64	10	8.2	54	Y	4
27 /	1.0	64	64	10	8.2	54	Y	4
28 /	1.0	64	64	10	8.2	54	Y	4
29 /	1.0	64	64	10	8.2	54	Y	4
30 /	1.0	64	64	10	8.2	54	Y	4
31 /	1.0	64	64	10	8.2	54	Y	4

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