

OHA - Drinking Water Services – Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Josephine

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 <sup>1</sup> [NTU]
1	40	40	0	40	1.29	
2	40	40	0	40	1.09	
3	40	40	0	40	1.98	
4	40	40	0	40	1.98	
5	40	40	0	40	1.98	
6	40	40	0	40	1.99	
7	40	40	0	40	1.99	
8	40	40	0	40	1.99	
9	40	40	0	40	1.70	
10	40	40	0	40	1.70	
11	40	40	0	40	1.65	
12	40	40	0	40	1.60	
13	40	40	0	40	1.60	
14	40	40	0	40	1.60	
15	40	40	0	40	1.60	
16	40	40	0	40	1.55	
17	40	40	0	40	1.50	
18	40	40	0	40	1.50	
19	40	40	0	40	1.50	
20	40	40	0	40	1.50	
21	40	40	0	40	1.50	
22	40	40	0	40	1.50	
23	40	40	0	40	1.50	
24	40	40	0	40	1.50	
25	40	40	0	40	1.50	
26	40	40	0	40	1.50	
27	40	40	0	40	1.49	
28	40	40	0	40	1.49	
29	40	40	0	40	1.49	
30	40	40	0	40	1.49	
31	40	40	0	40	1.49	

<b>Cartridge Filtration Monthly Summary</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  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.	<b>Monthly Summary (Answer Yes or No)</b>  CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No  All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
	PRINTED NAME: <u>Lilie Hazell</u> SIGNATURE: <u>[Signature]</u> PHONE #: <u>(541) 415-9988</u>	DATE: <u>6/1/23</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: 2023  
May

**T = 49**  
~~257/678~~

System Name: \_\_\_\_\_ 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/	1.0	43	43	13	8.2	65	Y	6
2/	1.0	43	43	13	8.2	65	Y	6
3/	1.0	43	43	13	8.2	65	Y	6
4/	1.0	43	43	13	8.2	65	Y	6
5/	1.0	86	86	13	8.2	65	Y	3
6/	1.0	86	86	13	8.2	65	Y	3
7/	1.0	86	86	13	8.2	65	Y	3
8/	1.0	43	43	13	8.2	65	Y	6
9/	1.0	43	43	14	8.2	65	Y	6
10/	1.0	43	43	14	8.2	65	Y	6
11/	1.0	43	43	14	8.2	65	Y	6
12/	1.0	64	64	14	8.2	65	Y	4
13/	1.0	64	64	14	8.2	65	Y	4
14/	1.0	86	86	14	8.2	65	Y	3
15/	1.0	86	86	14	8.2	65	Y	3
16/	1.0	64	64	14	8.2	65	Y	4
17/	1.0	64	64	15	8.2	43	Y	4
18/	1.0	43	43	15	8.2	43	Y	6
19/	1.0	43	43	14	8.2	65	Y	6
20/	1.0	43	43	14	8.2	65	Y	6
21/	1.0	43	43	15	8.2	43	Y	6
22/	1.0	43	43	15	8.2	43	Y	6
23/	1.0	51	51	15	8.2	43	Y	5
24/	1.0	51	51	14	8.2	65	Y	5
25/	1.0	51	51	14	8.2	65	Y	5
26/	1.0	51	51	14	8.2	65	Y	5
27/	1.0	86	86	13	8.2	65	Y	3
28/	1.0	64	64	13	8.2	65	Y	4
29/	1.0	64	64	15	8.2	43	Y	4
30/	1.0	64	64	15	8.2	43	Y	4
31/	1.0	86	86	15	8.2	43	Y	3

<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](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350