

Oregon DHS - Drinking Water Services – Turbidity Monitoring Report Form

System Name: London Water Co-Op **ID#** 41 00239 **Month/Year:** Aug / 2021

DAY	12:00 AM (NTU)	4:00 AM (NTU)	8:00 AM (NTU)	NOON (NTU)	4:00 PM (NTU)	8:00 PM (NTU)	Highest Reading of the Day ¹ (NTU)	Peak Hourly Demand Flow (GPM)
1								
2								
3								
4								
5					0.062	0.057	0.062	2.1
6	0.055	0.055	0.055				0.055	2.1
7								
8								
9								
10								
11				0.162	0.044	0.055	0.162	2.3
12	0.054	0.054					0.054	2.3
13								
14								
15						0.15	0.15	2.2
16	0.06	0.059	0.057	0.058			0.059	2.2
17								
18								
19								
20								
21								
22								
23								
24								
25								
26				0.172	0.054	0.053	0.172	1.9
27	0.054	0.054	0.054					1.9
28								
29								
30								
31								

<p>Conventional or Direct Filtration Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No</p> <p>All the 4-hour turbidity readings < 1 NTU? <u>Yes</u> / No</p> <p>All turbidity readings < IFE triggers? ² <u>Yes</u> / No</p> <p style="text-align: center;">- OR -</p> <p>Slow Sand/Cartridge/Membrane/DE Filtration</p> <p>95% of turbidity readings ≤ 1 NTU? <u>Yes</u> / No</p> <p>All turbidity readings < 5 NTU? <u>Yes</u> / No</p>	<p>Monthly UV Summary (Circle Yes or No)</p> <p>Is any off-spec water produced in the month? <u>Yes</u> / <u>No</u></p> <p>PRINTED NAME: <u>TERRI K. MITCHELL</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>9-8-21</u></p> <p>PHONE #: <u>(541) 942-8223</u> CERT #: <u>[Signature]</u></p> <p>Is there 4-log virus inactivation provided with <input checked="" type="checkbox"/> Chlorine; <input type="checkbox"/> Other _____ <u>Yes</u> / No</p> <p>CT_{viral} Required = _____ Achieved = _____</p>
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¹ Including continuous NTU data, if applicable, for optimization recording purposes ² IFE = Individual Filter Effluent

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Oregon DHS - Drinking Water Services – Surface Water Quality Data

System Name: London Water Co-Op ID# 41 00239 Month/Year: Aug / 2021

Minimum UVT [%] during month: _____ Duty sensor variation from reference sensor %: _____ 0

Minimum Validated UVT : {Insert Req'd Value}

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[^{mW} /cm ²]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1						0
2						
3						
4						
5	15	211	Y	16437	0	
6						
7						
8						
9						
10						
11	15	214	Y	15892	0	
12						
13						
14						
15						
16	15	210	Y	16386	0	
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	15	213	Y	15468	0	
27						
28						
29						
30						
31						
Monthly Cumulative % Off-Spec Water Produced						

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Signature: *[Handwritten Signature]*

Op Cert #: _____

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