

FEB 13 2023

Certification

WTP: _____ County: LAKE

Oregon DHS - Drinking Water Services - Turbidity Monitoring Report Form

System Name: London Water Co-Op ID# 41 00239 Month/Year: Jan / 2023

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	off							5
2	off							4.5
3	off							4
4	off							4
5				0.139	0.035	0.056	0.274	4.5
6	0.052	0.086	0.227	0.265			0.265	4.5
7	off							5
8	off							4
9	off							4.5
10	off							4.5
11			0.164	0.027	0.024	0.025	0.264	5
12	0.032	0.069	0.078				0.078	22
13	off							3.5
14	off							5.5
15	off							5
16	off							5.5
17				0.032	0.025	0.024	0.207	5.5
18	0.025	0.038	0.087	0.098			0.098	12.5
19	off							4
20	off							5
21	off							8
22					0.067	0.102	0.104	6.5
23	0.14	0.192	0.238				0.238	16.5
24	off							4.5
25	off							5
26	off							3.5
27	off							5
28					0.186	0.1	0.24	5.5
29	0.049	0.03	0.026	0.031	0.044		0.088	8.5
30	off							4.5
31	off							13.5

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings < 1 NTU? <u>Yes / No</u> All turbidity readings < IFE triggers? ² <u>Yes / No</u>		Monthly UV Summary (Circle Yes or No) Is any off-spec water produced in the month? Yes <input type="radio"/> No <input checked="" type="radio"/>	
- OR -		PRINTED NAME: <u>JAN T. FURUTAKA</u>	
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < 5 NTU? <u>Yes / No</u>		SIGNATURE: _____ PHONE #: <u>311 912 8563</u>	DATE: <u>2-6-23</u> CERT #: _____
Is there 4-log virus inactivation provided with <input checked="" type="checkbox"/> Chlorine; <input type="checkbox"/> Other _____		Yes <input checked="" type="radio"/> No <input type="radio"/>	CT _{viral} : Required = _____ Achieved = _____

¹ Including continuous NTU data, if applicable, for optimization recording purposes

² IFE = Individual Filter Effluent

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Certification
Drinking Water Services

WTP: _____ County: LANE

Oregon DHS - Drinking Water Services – Surface Water Quality Data

System Name: London Water Co-Op ID# 41 00239 Month/Year: Jan / 2023

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	14.1	215	Y	8485	0	
6	13.8	211	Y	10001	0	
7						
8						
9						
10						
11	13.9	214	Y	11741	0	
12	11.9	213	Y	5752	0	
13						
14						
15						
16						
17	8.7	213	Y	9398	0	
18	12.8	213	Y	9246	0	
19						
20						
21						
22	13.5	211	Y	7290	0	
23	11.9	213	Y	7866	0	
24						
25						
26						
27						
28	11.9	210	Y	5723	0	
29	11.5	214	Y	13186	0	
30						
31						
Monthly Cumulative % Off-Spec Water Produced						

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Signature: _____

Op Cert #: 

Date: 2-6-23