

Oregon DHS - Drinking Water Services – Turbidity Monitoring Report Form

System Name: London Water Co-Op	ID# 41 00239	Month/Year: May / 2023
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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							4
2	off							4.5
3	off							4
4			0.336	0.402	0.429		0.429	3.5
5	0.841	0.998	0.998				0.998	9.5
6	off							4.5
7	off							4
8	off							5
9	off							4.5
10			0.04	0.066	0.409	1.017	1.017	4.5
11	1.382	1.969	1.309	2.069			2.069	5.5
12	off							6.5
13	off							6
14	off							8.5
15					0.025	0.114	0.114	6.5
16	0.29	0.612	0.859	0.95			0.95	6
17	off							5
18	off							7
19	off							5
20				0.038	0.374	0.727	0.727	6
21	0.992	0.823	0.902	0.888			0.992	6
22	off							4.5
23	off							6
24	off							5
25				0.113	0.083	0.462	0.462	7
26	0.523	0.667	0.707	0.757	0.799		0.802	5
27	off							5
28	off							5.5
29	off							10
30	off							5.5
31				0.049	0.126	0.367	0.367	5

Conventional or Direct Filtration Monthly Summary	Monthly UV Summary (Circle Yes or No)
95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	Is any off-spec water produced in the month? Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No
All the 4-hour turbidity readings < 1 NTU? Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	
All turbidity readings < IFE triggers? ² Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	
- OR -	PRINTED NAME: <i>Jay T. Faint</i>
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: <i>[Signature]</i> DATE: <i>6-6-23</i>
95% of turbidity readings ≤ 1 NTU? Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	PHONE #: <i>(571) 942-8563</i> CERT #: <i>[Signature]</i>
All turbidity readings < 5 NTU? Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	CT _{viral} : Required = _____ Achieved = _____
Is there 4-log virus inactivation provided with <input checked="" type="checkbox"/> Chlorine; <input type="checkbox"/> Other _____ Yes / No <input checked="" type="radio"/> Yes <input type="radio"/> No	

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

² IFE = Individual Filter Effluent

Oregon DHS - Drinking Water Services – Surface Water Quality Data

System Name: London Water Co-Op ID# 41 00239 Month/Year: May / 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	12.3	214	Y	10404	0	
5	10.7	213	Y	6435	0	
6						
7						
8						
9						
10	14.8	213	Y	7147	0	
11	11.9	213	Y	9283	0	
12						
13						
14						
15	12.6	211	Y	11382	0	
16	8.94	216	Y	6974	0	
17						
18						
19						
20	14.1	216	Y	11044	0	
21	13	213	Y	9404	0	
22						
23						
24						
25	11.9	214	Y	7917	0	
26	11	212	Y	10583	0	
27						
28						
29						
30						
31	14.7	213	Y	10627	0	
Monthly Cumulative % Off-Spec Water Produced						

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Signature: 

Op Cert #: _____

Date: 6-6-23