

Oregon DHS - Drinking Water Services – Turbidity Monitoring Report Form

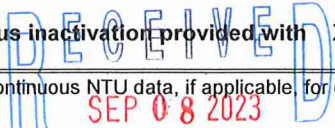
System Name: London Water Co-Op **ID#** 41 00239 **Month/Year:** Aug / 2023

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							8.5
2	off							5.5
3				0.07	0.049	0.047	0.051	8
4	0.076	0.198	0.255	0.292			0.295	21
5	off							6
6	off							8
7	off							12
8				0.069	0.048	0.041	0.069	7.5
9	0.048	0.1	0.214	0.256			0.256	5
10	off							5.5
11	off							5.5
12	off							7.5
13				0.054	0.042	0.039	0.062	6.5
14	0.04	0.153	0.223				0.252	5
15	off							14
16	off							5
17			0.051	0.044	0.04	0.04	0.053	4
18	0.054	0.11					0.11	3.5
19	off							0
20	off							0
21	off							0
22	off							0
23					0.101	0.041	0.123	3
24	0.039	0.042	0.073	0.131	0.156		0.156	8
25	off							3.5
26	off							5.5
27	off							5
28	off							4.5
29				0.115	0.043	0.038	0.207	5.5
30	0.036	0.031	0.034	0.037	0.079	0.117	0.187	6
31	off							5

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE triggers? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly UV Summary (Circle Yes or No) Is any off-spec water produced in the month? Yes / <input checked="" type="radio"/> No	
- OR -		PRINTED NAME: <u>TERRI FINN KADEMATS</u>	
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		SIGNATURE: _____ DATE: <u>9-4-23</u> PHONE #: <u>541 742 8523</u> CERT #: _____	
Is there 4-log virus inactivation provided with X Chlorine; <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		CT _{viral} : Required = _____ Achieved = _____	

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

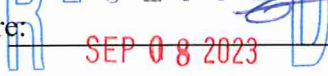
System Name: London Water Co-Op **ID#** 41 00239 **Month/Year:** Aug / 2023

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/cm2]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1						0
2						
3	11.2	213	Y	7441	0	
4	14.9	214	Y	9834	0	
5						
6						
7						
8	12.2	211	Y	8104	0	
9	11.6	211	Y	10484	0	
10						
11						
12						
13	11.3	216	Y	8138	0	
14	11.3	213	Y	5424	0	
15						
16						
17	12.4	213	Y	10470	0	
18	6.78	215	Y	2848	0	
19						
20						
21						
22						
23	13.1	212	Y	4732	0	
24	12.2	211	Y	12446	0	
25						
26						
27						
28						
29	13.2	211	Y	7936	0	
30	7.67	213	Y	9668	0	
31						
Monthly Cumulative % Off-Spec Water Produced						

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Signature: _____


Op Cert #:

Date: 9-4-23

Data Mgmt & Compliance
Drinking Water Program