

Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Lodi, California Water ID #: 003914 WTP: A Month/Year: Nov 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	0.07						0.07
2							0.01
3			0.01			0.01	0.01
4							0.01
5							
6							
7							
8							
9							
10				0.01	0.01	0.01	0.01
11	0.01	0.01	0.07	0.07		0.01	0.07
12			0.07				0.07
13						0.01	0.01
14						0.01	0.01
15	0.01					0.01	0.01
16							0.01
17					0.07		0.07
18			0.01	0.07		0.01	0.07
19		0.01					0.01
20							0.01
21				0.01			0.01
22							0.01
23							
24							
25			0.01	0.01	0.07		0.07
26			0.01				0.01
27							0.01
28						0.01	0.01
29			0.01				0.01
30					0.01	0	0.01
31					0.01	0	0.01

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>12-2-22</u>
		PHONE #: <u>(803) 854-3313</u>	CERT #: <u>7136</u>

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OWA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Linn County water ID #41: 00394 WTP: A Month/Year: Nov 2022 Log Requirement (Circle One) 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1600	.84	187	157	10.7	7.2	22	Yes	80
2/1300	.84	187	157	10.6	7.2	22	Yes	85
3/1400	.84	187	157	10.5	7.2	22	Yes	90
4/1200	.84	187	157	10.6	7.2	22	Yes	95
5/1030	.82	187	153	10.7	7.2	22	Yes	85
6/1900	.84	187	157	10.7	7.2	22	Yes	95
7/1830	.85	187	159	10.7	7.2	22	Yes	100
8/1240	.85	187	159	10.8	7.2	22	Yes	90
9/1850	.84	187	157	10.7	7.2	22	Yes	90
10/1900	.84	187	157	10.9	7.2	22	Yes	85
11/1850	.86	187	161	10.9	7.2	22	Yes	80
12/1730	.86	187	161	10.8	7.2	22	Yes	80
13/1700	.85	187	159	10.8	7.2	22	Yes	90
14/1600	.86	187	161	10.7	7.2	22	Yes	95
15/1900	.85	187	159	10.6	7.2	22	Yes	85
16/1900	.85	187	159	10.6	7.2	22	Yes	80
17/1930	.88	187	165	10.5	7.2	22	Yes	75
18/2000	.84	187	157	10.5	7.2	22	Yes	75
19/1900	.85	187	159	10.6	7.2	22	Yes	85
20/1600	.88	187	165	10.4	7.2	22	Yes	80
21/1200	.86	187	161	10.4	7.2	22	Yes	80
22/1900	.89	187	166	10.3	7.1	22	Yes	90
23/1200	.86	187	161	10.2	7.1	22	Yes	85
24/1300	.89	187	166	10.2	7.1	22	Yes	100
25/1900	.88	187	165	10.0	7.2	22	Yes	95
26/2000	.88	187	165	10.0	7.2	22	Yes	80
27/1800	.86	187	161	10.1	7.2	22	Yes	90
28/1600	.87	187	163	10.0	7.2	22	Yes	90
29/1900	.88	187	165	10.0	7.2	22	Yes	95
30/1900	.88	187	165	10.0	7.2	22	Yes	95
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350