

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration

County: **Coss**
Month/Year: **Oct-24**

System Name: **Lakeside Water District** ID#**4100** **483** WTP: **TP - A**

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	OFF	OFF	OFF	0.04	0.04	OFF	0.04
2	OFF	OFF	OFF	0.04	0.04	OFF	0.04
3	OFF	OFF	OFF	0.04	OFF	OFF	0.04
4	0.04	OFF	OFF	OFF	OFF	0.04	0.04
5	OFF	OFF	OFF	OFF	0.03	OFF	0.03
6	OFF	OFF	OFF	0.04	0.04	OFF	0.04
7	OFF	OFF	OFF	0.04	0.04	OFF	0.04
8	OFF	OFF	OFF	0.04	0.04	OFF	0.04
9	OFF	OFF	OFF	0.04	OFF	OFF	0.04
10	OFF	OFF	OFF	0.04	0.04	OFF	0.04
11	OFF	OFF	OFF	0.04	OFF	OFF	0.04
12	OFF	OFF	OFF	0.04	0.04	OFF	0.04
13	OFF	OFF	OFF	0.04	0.04	OFF	0.04
14	OFF	OFF	OFF	OFF	0.04	0.04	0.04
15	OFF	OFF	OFF	0.04	OFF	OFF	0.04
16	OFF	OFF	OFF	OFF	0.04	0.04	0.04
17	OFF	OFF	OFF	OFF	0.04	OFF	0.04
18	OFF	OFF	OFF	OFF	0.04	0.04	0.04
19	OFF	OFF	OFF	OFF	0.04	OFF	0.04
20	OFF	OFF	OFF	0.04	0.03	OFF	0.04
21	OFF	OFF	OFF	OFF	0.04	OFF	0.04
22	OFF	OFF	OFF	OFF	0.04	OFF	0.04
23	OFF	OFF	OFF	OFF	0.04	0.04	0.04
24	OFF	OFF	OFF	0.04	0.04	OFF	0.04
25	OFF	OFF	OFF	OFF	0.04	OFF	0.04
26	OFF	OFF	OFF	0.04	OFF	OFF	0.04
27	OFF	OFF	OFF	0.04	OFF	OFF	0.04
28	OFF	OFF	OFF	0.04	0.04	OFF	0.04
29	OFF	OFF	OFF	0.04	OFF	OFF	0.04
30	OFF	OFF	OFF	0.04	0.04	OFF	0.04
31	OFF	OFF	OFF	0.04	OFF	OFF	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	YES	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	YES	YES	YES
All turbidity readings < IFE ² triggers	YES		

Notes:

PRINTED NAME: **Marty Bell**

SIGNATURE: *[Signature]* DATE **11-2 2024**

PHONE: **541-260-7784** CERT#**0278**

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Eff. (333-061-0040(1)(e)(B&C))

Received Time Nov. 3. 2024 3:29PM No. 0614

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	LakeSide Water District	ID#: 41	00463	Month/Year:	Oct-24	Disinfection Giardia Log Inactly:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
10/1/14:00	1.05	55	57.8	20.8	7.12	9.7	YES	450
10/2/14:00	1.07	55	58.9	20.6	7.14	9.9	YES	450
10/3/14:30	1.23	55	67.7	19.8	7.21	11.0	YES	450
10/4/20:00	1.15	55	63.3	18.6	7.18	10.8	YES	450
10/5/16:00	1.08	55	59.4	19.7	7.19	10.8	YES	450
10/6/13:00	1.01	55	55.6	19.7	7.20	10.7	YES	450
10/7/14:00	1.19	55	65.5	20.2	7.09	10.1	YES	450
10/8/14:00	1.06	55	58.3	20.0	7.02	9.9	YES	450
10/9/14:30	1.01	55	55.6	19.2	7.19	11.0	YES	450
10/10/14:00	1.1	55	60.5	20.0	7.10	10.2	YES	450
10/11/14:00	1.09	55	60.0	20.1	7.20	10.5	YES	450
10/12/14:00	1.08	55	59.4	20.2	7.19	10.4	YES	450
10/13/14:00	1.08	55	58.3	20.2	7.21	10.5	YES	450
10/14/15:00	1.01	55	55.6	19.6	7.21	10.8	YES	450
10/15/14:00	1.06	55	58.3	19.4	7.18	10.9	YES	450
10/16/16:00	1.17	55	64.4	19.5	7.02	10.3	YES	450
10/17/15:30	1.07	55	58.9	19.4	7.14	10.8	YES	450
10/18/15:00	1.05	55	57.8	19.3	7.10	10.6	YES	450
10/19/15:00	1.08	55	59.4	19.4	7.11	10.7	YES	450
10/20/14:00	1.04	55	57.2	19.6	7.14	10.6	YES	450
10/21/15:00	1.1	55	60.5	19.2	7.12	10.9	YES	450
10/22/15:30	1.12	55	61.6	19.0	7.10	11.0	YES	450
10/23/15:00	1.15	55	63.3	18.4	7.04	11.2	YES	450
10/24/14:30	1.12	55	61.6	18.3	7.08	11.3	YES	450
10/25/16:00	1.15	55	63.3	18.4	7.07	11.3	YES	450
10/26/14:30	1.14	55	62.7	18.3	7.02	11.2	YES	450
10/27/14:30	1.12	55	61.6	18.2	7.05	11.3	YES	450
10/28/14:30	1.14	55	62.7	17.4	7.10	12.2	YES	450
10/29/14:30	1.15	55	63.3	17.3	7.08	12.2	YES	450
10/30/14:00	1.03	55	56.7	16.9	7.00	12.8	YES	450
10/31/14:30	1.16	55	63.3	15.9	7.10	13.5	YES	450

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

Revised November 2014