

OHA - Drinking Water Services - Turbidity Monitoring Report Form

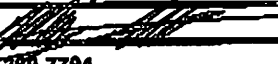
County: Coos

Conventional or Direct Filtration

Month/Year: Aug-25

System Name:	Lakeside Water District	ID#4100	453	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	0.05	0.06	OFF	0.06
2	OFF	OFF	OFF	0.04	0.05	0.04	0.05
3	OFF	OFF	OFF	0.05	0.05	0.05	0.05
4	OFF	OFF	OFF	0.04	0.04	OFF	0.04
5	OFF	OFF	OFF	0.04	0.04	OFF	0.04
6	OFF	OFF	OFF	0.04	0.04	0.04	0.04
7	OFF	OFF	OFF	0.04	0.04	OFF	0.04
8	OFF	OFF	OFF	OFF	0.04	0.04	0.04
9	0.03	OFF	OFF	OFF	0.03	0.04	0.04
10	OFF	OFF	OFF	0.03	0.03	0.03	0.03
11	OFF	OFF	OFF	0.03	0.04	0.03	0.04
12	OFF	OFF	OFF	OFF	0.03	0.03	0.03
13	OFF	OFF	OFF	OFF	0.04	0.04	0.04
14	OFF	OFF	OFF	OFF	0.04	0.04	0.04
15	OFF	OFF	OFF	OFF	0.04	0.04	0.04
16	OFF	OFF	OFF	OFF	0.04	OFF	0.04
17	OFF	OFF	OFF	0.04	0.04	OFF	0.04
18	OFF	OFF	OFF	0.04	0.04	OFF	0.04
19	OFF	OFF	OFF	0.04	0.04	OFF	0.04
20	0.04	OFF	OFF	OFF	0.04	0.04	0.04
21	OFF	OFF	OFF	0.04	0.04	0.04	0.04
22	OFF	OFF	OFF	0.04	0.04	OFF	0.04
23	OFF	OFF	OFF	0.04	0.04	OFF	0.04
24	OFF	OFF	OFF	0.04	0.04	OFF	0.04
25	OFF	OFF	OFF	0.04	0.04	OFF	0.04
26	OFF	OFF	OFF	0.04	0.04	OFF	0.04
27	OFF	OFF	OFF	OFF	0.04	0.04	0.04
28	OFF	OFF	OFF	0.03	OFF	OFF	0.03
29	OFF	OFF	OFF	0.04	0.04	OFF	0.04
30	OFF	OFF	OFF	0.04	0.04	OFF	0.04
31	OFF	OFF	OFF	0.04	0.04	OFF	0.04

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

Notes:	PRINTED NAME: Marty Bell	
	SIGNATURE: 	DATE 9-1-2025
	PHONE# 541-260-7794	CERT#6276

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. (333-081-0040(1)(e)(B&C))



OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: Lakeside Water District ID#: 41 00463 Month/Year: Aug-25 Disinfection Giardia Log Inactiv: 0.6

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
8/1/13:00	1.12	55	61.6	22.3	7.28	9.4	YES	450
8/2/14:30	1.13	55	62.2	22.4	7.22	9.1	YES	450
8/3/14:30	1.12	55	61.6	22.3	7.23	9.2	YES	450
8/4/13:00	1.14	55	62.7	22.4	7.07	8.8	YES	450
8/5/13:30	1.17	55	64.4	22.4	7.14	8.9	YES	450
8/6/14:00	1.1	55	60.5	22.9	7.21	8.7	YES	450
8/7/14:30	1.21	55	66.6	23.0	7.42	9.5	YES	450
8/8/15:00	1.21	55	66.6	22.5	7.18	9.0	YES	450
8/9/16:30	1.19	55	65.5	22.4	7.19	9.1	YES	450
8/10/13:30	1.24	55	68.2	22.5	7.17	9.0	YES	450
8/11/14:30	1.02	55	56.1	23.8	7.15	8.0	YES	450
8/12/14:00	1.05	55	57.8	22.9	7.07	8.2	YES	450
8/13/16:00	1.12	55	61.6	23.0	7.17	8.6	YES	450
8/14/16:00	1.07	55	58.9	23.3	7.14	8.3	YES	450
8/15/16:00	1.08	55	59.4	23.2	7.20	8.5	YES	450
8/16/15:00	1.11	55	61.1	23.3	7.19	8.5	YES	450
8/17/13:30	1.07	55	58.9	23.2	7.21	8.5	YES	450
8/18/14:30	1.1	55	60.5	23.2	7.16	8.4	YES	450
8/19/13:00	1.03	55	56.7	23.4	7.24	8.5	YES	450
8/20/15:30	1.19	55	65.5	23.5	7.26	8.6	YES	450
8/21/14:30	1.11	55	61.1	23.7	7.18	8.2	YES	450
8/22/14:00	1.09	55	60.0	23.8	7.24	8.3	YES	450
8/23/14:00	1.11	55	61.1	23.7	7.21	8.3	YES	450
8/24/14:00	1.04	55	57.2	23.8	7.28	8.3	YES	450
8/25/14:00	1.03	55	56.7	22.7	7.10	8.4	YES	450
8/26/14:00	1.15	55	63.3	22.9	7.14	8.6	YES	450
8/27/15:30	1.15	55	63.3	22.3	7.17	9.0	YES	450
8/28/14:30	1.05	55	57.8	21.9	7.12	9.0	YES	450
8/29/13:30	1.01	55	55.9	21.6	7.20	9.3	YES	450
8/30/14:00	1.06	55	58.3	21.6	7.21	9.5	YES	450
8/31/14:00	1.07	55	58.9	21.9	7.23	9.4	YES	450

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

Revised November 2014

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