

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Coos  
 Month/Year: Nov-21

Conventional or Direct Filtration

System Name: Lakeside Water District ID#4100 463 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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	OFF	0.03	0.03	0.03
2	OFF	OFF	OFF	OFF	0.03	OFF	0.03
3	OFF	OFF	OFF	OFF	0.03	0.03	0.03
4	OFF	OFF	OFF	OFF	OFF	0.03	0.03
5	OFF	OFF	OFF	OFF	0.03	0.03	0.03
6	OFF	OFF	OFF	OFF	0.03	0.03	0.03
7	OFF	OFF	OFF	OFF	0.03	0.03	0.03
8	OFF	OFF	OFF	OFF	0.03	0.03	0.03
9	OFF	OFF	OFF	OFF	0.03	0.03	0.03
10	OFF	OFF	OFF	OFF	0.03	OFF	0.03
11	OFF	OFF	OFF	OFF	0.03	0.03	0.03
12	OFF	OFF	OFF	OFF	0.03	OFF	0.03
13	OFF	OFF	OFF	OFF	0.03	0.03	0.03
14	OFF	OFF	OFF	OFF	0.03	0.03	0.03
15	OFF	OFF	OFF	OFF	0.03	OFF	0.03
16	OFF	OFF	OFF	OFF	0.03	0.03	0.03
17	OFF	OFF	OFF	OFF	0.02	OFF	0.02
18	OFF	OFF	OFF	OFF	0.02	0.03	0.03
19	OFF	OFF	OFF	OFF	0.03	OFF	0.03
20	OFF	OFF	OFF	OFF	0.03	0.03	0.03
21	OFF	OFF	OFF	OFF	0.03	OFF	0.03
22	OFF	OFF	OFF	OFF	0.03	OFF	0.03
23	OFF	OFF	OFF	OFF	0.03	OFF	0.03
24	OFF	OFF	OFF	OFF	0.03	OFF	0.03
25	OFF	OFF	OFF	OFF	0.03	0.03	0.03
26	OFF	OFF	OFF	OFF	0.03	OFF	0.03
27	OFF	OFF	OFF	0.03	0.03	OFF	0.03
28	OFF	OFF	OFF	0.03	0.03	OFF	0.03
29	OFF	OFF	OFF	OFF	0.03	OFF	0.03
30	OFF	OFF	OFF	OFF	0.03	0.03	0.03
31							

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

Notes:

PRINTED NAME: Marty Ball

SIGNATURE: 

PHONE# 541-759-3602

DATE 12-1-2021

CERT#6276

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (333-061-0040(1)(e)(B&C))

Received Time Dec. 1. 2021 8:53AM No. 7994

## OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Lakeside Water District ID#: 41 00463 Month/Year: Nov-21							WTP - : A	Disinfection Giardia Log Inactlv: 0.5
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
11/1/16:00	1.06	55	58.3	17.0	7.14	12.6	YES	450
11/2/15:00	1.04	55	57.2	16.9	7.16	12.8	YES	450
11/3/16:30	1.09	55	60.0	16.9	7.18	13.0	YES	450
11/4/18:30	1.17	55	64.4	16.7	7.20	13.3	YES	450
11/5/18:00	1.12	55	61.6	16.7	7.13	12.9	YES	450
11/6/15:30	1.07	55	58.9	15.4	7.15	14.1	YES	450
11/7/14:30	1.09	55	60.0	16.5	7.14	14.0	YES	450
11/8/14:30	1.22	55	67.1	14.9	7.13	14.8	YES	450
11/9/15:00	1.27	55	69.9	15.9	7.14	13.9	YES	450
11/10/15:00	1.13	55	62.2	14.9	7.12	14.5	YES	450
11/11/16:30	1.19	55	65.5	14.8	7.10	14.6	YES	450
11/12/17:00	1.22	55	67.1	14.9	7.08	14.5	YES	450
11/13/15:00	1.15	55	63.3	14.8	7.10	14.6	YES	450
11/14/15:00	1.09	55	60.0	14.7	7.09	14.5	YES	450
11/15/15:00	1.11	55	61.1	15.3	7.10	14.0	YES	450
11/16/15:00	1.02	55	56.1	14.6	7.12	14.7	YES	450
11/17/16:00	1.1	55	60.5	14.6	7.10	14.7	YES	450
11/18/17:30	1.12	55	61.6	14.5	7.08	14.7	YES	450
11/19/17:00	1.14	55	62.7	14.5	7.09	14.8	YES	450
11/20/16:00	1.17	55	64.4	14.3	7.07	14.9	YES	450
11/21/15:00	1.19	55	65.5	14.4	7.08	14.9	YES	450
11/22/15:00	1.08	55	59.4	14.7	7.03	14.2	YES	450
11/23/15:00	1.01	55	55.6	14.5	7.04	14.3	YES	450
11/24/14:30	1.25	55	68.8	14.0	7.17	16.0	YES	450
11/25/17:00	1.18	55	64.9	14.1	7.15	15.6	YES	450
11/26/17:00	1.15	55	63.3	14.0	7.12	15.5	YES	450
11/27/14:00	1.12	55	61.6	14.0	7.14	15.5	YES	450
11/28/14:30	1.1	55	60.5	14.1	7.12	15.3	YES	450
11/29/15:00	1.1	55	60.5	14.3	7.05	14.7	YES	450
11/30/15:00	1.1	55	60.5	14.3	6.98	14.3	YES	450
31		55					NO	450

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2014