

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

System Name: Lyons Mebama Water District ID #: 4100493 WTP-: AA Month/Year: Sept 2024

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			0.072				0.072
2			0.057				0.057
3			0.057				0.057
4			0.048				0.048
5			0.045				0.045
6			0.045				0.045
7			0.043				0.043
8			0.044				0.044
9			0.040				0.040
10			0.042				0.042
11			0.038				0.038
12			0.028				0.028
13			0.042				0.042
14			0.040				0.040
15			0.040				0.040
16			0.040				0.040
17			0.046				0.046
18			0.041				0.041
19			0.041				0.041
20			0.043				0.043
21			0.046				0.046
22			0.046				0.046
23			0.048				0.048
24			0.050				0.050
25			0.047				0.047
26			0.043				0.043
27			0.071				0.071
28			0.057				0.057
29			0.053				0.053
30			0.058				0.058
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary 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>John Markert IV</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-30-2024</u> PHONE #: <u>(503) 551-8653</u> CERT #: <u>T-309712</u> <u>D-309712</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name:		ID #:	WTP-:	Month/Year:				
Lyons Mehama Water District		4100493	AA	Sept. 2024				
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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / 7:35	1.60	61	98	15.0	7.23	28	Yes	565
2 / 8:39	1.67	61	102	14.6	7.26	34	Yes	565
3 / 7:39	1.62	61	99	13.9	7.15	35	Yes	565
4 / 7:43	1.71	61	104	14.5	7.39	35	Yes	565
5 / 7:40	1.69	61	103	14.2	7.69	38	Yes	565
6 / 7:44	1.66	61	101	14.1	7.58	38	Yes	565
7 / 10:49	.72	61	44	13.8	7.23	33	Yes	565
8 / 9:56	.84	61	53	14.4	7.16	30	Yes	565
9 / 7:43	0.74	61	45	14.6	7.16	29	Yes	565
10 / 7:42	0.69	61	42	14.4	7.38	31	Yes	565
11 / 7:42	0.70	61	43	14.3	7.25	30	Yes	565
12 / 7:40	0.72	61	44	14.3	7.28	30	Yes	565
13 / 7:43	0.71	61	43	14.0	6.97	27	Yes	565
14 / 8:11	0.70	61	43	14.1	7.11	28	Yes	565
15 / 8:29	0.77	61	47	14.2	6.97	27	Yes	565
16 / 7:41	0.80	61	49	13.9	7.19	32	Yes	565
17 / 7:41	0.79	61	48	13.8	7.02	29	Yes	565
18 / 7:41	0.71	61	43	13.9	7.07	29	Yes	565
19 / 7:47	0.81	61	49	14.0	7.23	30	Yes	565
20 / 7:41	0.79	61	48	13.9	7.02	29	Yes	565
21 / 7:54	0.74	61	45	13.6	7.16	32	Yes	565
22 / 8:11	0.75	61	46	13.7	7.20	32	Yes	565
23 / 7:59	0.75	61	46	13.8	7.51	35	Yes	565
24 / 7:41	0.77	61	47	13.9	7.61	39	Yes	565
25 / 7:41	0.66	61	40	14.0	7.45	32	Yes	565
26 / 7:56	0.73	61	45	13.5	6.85	28	Yes	565
27 / 7:40	0.68	61	42	13.4	6.87	28	Yes	565
28 / 8:14	0.77	61	47	13.3	6.86	28	Yes	565
29 / 7:39	0.76	61	46	13.4	7.01	30	Yes	565
30 / 7:43	0.79	61	48	12.8	6.93	32	Yes	565
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-alt-unfiltered.pdf

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