

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

System Name: Lyons meadow water district **ID #:** 4100493 **WTP-:** AA **Month/Year:** July 2025

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			0.636				0.636
2			.081				.081
3			.040				.040
4			.042				.042
5			.042				.042
6			.042				.042
7			.077				.077
8			.079				.079
9			.054				.054
10			.048				.048
11			.044				.044
12			.044				.044
13			.041				.041
14			.049				.049
15			.071				.071
16			.049				.049
17			.043				.043
18			.040				.040
19			.036				.036
20			.035				.035
21			.034				.039
22			.039				.039
23			.035				.035
24			.038				.038
25			.036				.036
26			.035				.035
27			.045				.045
28			.039				.039
29			.039				.039
30			.043				.043
31			.040				.040

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² ☒ Yes / ☐ No All daily turbidity readings ≤ 5 NTU? ☒ Yes / ☐ No Notes:	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) ☒ Yes / ☐ No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? ☒ Yes / ☐ No
	PRINTED NAME: John marker T	
	SIGNATURE: <i>John marker T</i>	DATE: 8-5-2025
	PHONE #: ()	CERT #: T 309712 D 309712

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 #: 410093 WTP: AA

Month/Year:

U.S.N.S. mehana water District

July 2009

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]
1/7:30	.78	61	48	13.8	6.89	30	yes	565
2/7:41	.68	61	41	14.3	6.90	26	yes	565
3/7:40	.78	61	47	13.2	6.86	27	yes	565
4/8:45	.80	61	49	13.5	7.13	32	yes	565
5/6:00	.83	61	51	13.1	7.22	33	yes	565
6/1:00	.78	61	47	12.4	7.20	34	yes	565
7/1:30	.81	61	49	13.7	7.04	31	yes	565
8/1:35	.74	61	45	13.9	6.86	28	yes	565
9/7:26	.71	61	43	14.6	7.06	27	yes	565
10/7:36	.69	61	42	14.8	6.86	27	yes	565
11/7:46	.86	61	52	14.2	7.15	27	yes	565
12/4:00	.87	61	53	13.6	7.18	32	yes	565
13/6:00	.88	61	54	13.9	7.16	32	yes	565
14/7:48	.87	61	53	14	6.85	27	yes	565
15/7:40	.71	61	43	13.3	7.11	25	yes	565
16/7:38	.68	61	41	14.8	7.11	28	yes	565
17/7:40	.67	61	41	14.9	6.94	26	yes	565
18/	.72	61	44	14.7	7.58	32	yes	565
19/8:00	.73	61	45	14.6	7.31	30	yes	565
20/8:43	.73	61	45	14.7	7.34	30	yes	565
21/11:37	.47	61	50	14.1	7.05	29	yes	565
22/7:53	.80	61	49	14.4	7.03	27	yes	565
23/7:40	.83	61	51	14.8	6.73	24	yes	565
24/7:40	.85	61	52	15.2	6.89	22	yes	565
25/8:00	.74	61	45	14.1	7.08	28	yes	565
26/11:30	.84	61	51	14.7	6.49	22	yes	565
27/9:37	.84	61	51	14.7	6.22	20	yes	565
28/7:43	.76	61	46	14.8	7.06	28	yes	565
29/7:36	.79	61	48	14.9	6.85	25	yes	565
30/7:48	.83	61	50	15.2	6.59	21	yes	565
31/7:46	.71	61	43	14.7	6.84	28	yes	565

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

Revised November 2022

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@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR

97293-0350

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