

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

System Name: LYONS-MEHAMA WATER DIST **ID #:** 4100443 **WTP:** EP-A **Month/Year:** April 2021

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							
2							
3			.030				.030
4			.031				.031
5			.032				.032
6			.033				.033
7			.023				.023
8			.023				.023
9			.022				.022
10			.023				.023
11			.023				.023
12			.025				.025
13			.024				.024
14			.024				.024
15			.024				.024
16			.024				.024
17			.024				.024
18			.024				.024
19			.024				.024
20			.025				.025
21			.024				.024
22			.024				.024
23			.024				.024
24			.025				.025
25			.025				.025
26			.025				.025
27			.024				.024
28			.024				.024
29			.024				.024
30			.024				.024
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No		All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
	PRINTED NAME: <u>William A GRIMES</u> SIGNATURE: <u>W.A. Grimes</u> PHONE #: <u>(503) 859 2367</u>		DATE: <u>5-6-21</u> CERT #: <u>2885</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:

Lyons Mehama Water District

ID #:

0A4100493

WTP: A

Month/Year:

April 2021

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]
1/0740	.77	61	47	11.1	7.19	37	yes	565
2/0745	.78	61	48	11.1	6.98	34	yes	565
3/0700	.70	61	43	11.0	6.74	31	yes	565
4/0750	.74	61	45	10.9	6.87	36	yes	565
5/0755	.82	61	50	10.4	7.25	42	yes	565
6/0745	.83	61	51	10.4	7.37	43	yes	565
7/0745	.83	61	51	10.4	7.13	40	yes	565
8/0747	.80	61	49	10.1	7.34	43	yes	565
9/0745	.73	61	45	10.8	7.23	41	yes	565
10/0800	.75	61	46	10.9	7.10	38	yes	565
11/0800	.79	61	48	10.1	6.86	35	yes	565
12/0750	.73	61	45	10.7	7.28	41	yes	565
13/0740	.75	61	46	10.7	7.16	40	yes	565
14/0745	.80	61	49	10.8	7.28	41	yes	565
15/0740	.83	61	51	10.6	7.28	41	yes	565
16/0740	.81	61	49	11.0	7.20	38	yes	565
17/0800	.82	61	50	10.7	6.99	37	yes	565
18/0800	.79	61	48	10.4	7.19	39	yes	565
19/0740	.81	61	49	10.3	7.38	43	yes	565
20/0745	.82	61	50	10.3	7.30	42	yes	565
21/0757	.82	61	50	10.1	7.33	43	yes	565
22/0740	.81	61	49	10.3	7.35	43	yes	565
23/0745	.80	61	49	10.1	7.52	46	yes	565
24/0800	.79	61	48	10.2	7.25	41	yes	565
25/0800	.75	61	46	10.1	7.26	41	yes	565
26/0747	.78	61	48	10.4	7.37	43	yes	565
27/0740	.78	61	48	10.5	7.46	44	yes	565
28/0735	.80	61	49	10.3	7.55	46	yes	565
29/0745	.82	61	50	10.7	7.49	45	yes	565
30/0743	.81	61	49	10.7	7.47	45	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