

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

System Name: LYONS-MEHAHA WATER DIST ID#: 4100493 WTP-: A Month/Year: MAY 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			.027				.027
2			.027				.027
3			.030				.030
4			.030				.030
5			.028				.028
6			.028				.028
7			.030				.030
8			.023				.023
9			.023				.023
10			.024				.024
11			.024				.024
12			.024				.024
13			.024				.024
14			.024				.024
15			.024				.024
16			.024				.024
17			.025				.025
18			.025				.025
19			.026				.026
20			.025				.025
21			.026				.026
22			.027				.027
23			.026				.026
24			.025				.025
25			.025				.025
26			.026				.026
27			.026				.026
28			.028				.028
29			.028				.028
30			.029				.029
31			.029				.029

COPY

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary		Monthly Summary (Answer <input checked="" type="radio"/> Yes or No)	
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		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
Notes:		PRINTED NAME: William A. Gaines	
		SIGNATURE: W.A. Gaines	DATE: 5-5-21
		PHONE #: (503) 859 2367	CERT #: 2885

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 DIST. ID #: 410043 WTP: A Month/Year: MAY 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	Per Hour, Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0800	.76	61	46	10.7	7.14	39	yes	565
2/0800	.68	61	41	10.5	7.29	41	yes	565
3/0740	.79	61	48	10.7	7.25	41	yes	565
4/0748	.82	61	50	10.5	7.55	47	yes	565
5/0734	.81	61	49	10.6	7.44	45	yes	565
6/0730	.83	61	51	10.8	7.40	43	yes	565
7/0740	.80	61	49	10.4	7.37	43	yes	565
8/0800	.76	61	46	10.3	7.34	42	yes	565
9/0800	.76	61	46	10.5	7.24	40	yes	565
10/0800	.72	61	44	10.6	7.14	39	yes	565
11/0715	.84	61	51	10.7	7.22	41	yes	565
12/0800	.82	61	50	10.6	7.21	41	yes	565
13/0800	.82	61	50	10.6	7.20	40	yes	565
14/0800	.84	61	51	10.7	6.98	37	yes	565
15/0800	.87	61	53	10.7	7.26	42	yes	565
16/0800	.81	61	49	10.7	7.20	42	yes	565
17/0750	.83	61	51	11.1	7.39	41	yes	565
18/0742	.83	61	51	10.4	7.51	47	yes	565
19/0714	.82	61	50	10.7	7.32	43	yes	565
20/0719	.81	61	49	10.4	7.27	42	yes	565
21/0745	.89	61	54	10.5	7.17	40	yes	565
22/0800	.78	61	47	10.8	7.22	41	yes	565
23/0800	.83	61	51	10.9	6.91	37	yes	565
24/0745	.81	61	49	10.8	7.31	43	yes	565
25/0743	.81	61	49	10.9	7.22	42	yes	565
26/0756	.78	61	47	10.9	7.04	38	yes	565
27/0743	.80	61	49	11.5	7.22	37	yes	565
28/7:45	.75	61	46	11.0	7.04	36	yes	565
29/7:15	.79	61	48	11.4	7.30	38	yes	565
30/7:45	.80	61	49	11.7	7.26	38	yes	565
31/7:30	.81	61	49	12.4	6.98	32	yes	565

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