

**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 #: 4100493 WTP: A Month/Year: June 21

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			.027				.027
2			.027				.027
3			.027				.027
4			.027				.027
5			.026				.026
6			.025				.025
7			.027				.027
8			.046				.046
9			.027				.027
10			.028				.028
11			.028				.028
12			.117				.117
13			.028				.028
14			.030				.030
15			.030				.030
16			.032				.032
17			.033				.033
18			.030				.030
19			.028				.028
20			.030				.030
21			.029				.029
22			.029				.029
23			.027				.027
24			.027				.027
25			.027				.027
26			.031				.031
27			.029				.029
28			.029				.029
29			.029				.029
30			.036				.036
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer <input checked="" type="checkbox"/> Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>William A GRIMES</u>	
	SIGNATURE: <u>W. A. Grimes</u>	DATE: <u>July 21</u>
	PHONE #: <u>(503) 859 2367</u>	CERT #: <u>T-12-2885</u>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

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

System Name: **LYONS - MEHAMA WATER DIST** ID #: **41100493** WTP-: **AA** Month/Year: **June 21**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0744	.85	61	52	12.4	7.13	35	yes	565
2/0745	.89	61	54	12.8	7.14	35	yes	565
3/0740	.85	61	52	12.5	7.08	34	yes	565
4/0745	.84	61	51	13.0	7.22	34	yes	565
5/0745	.83	61	50	11.5	7.37	41	yes	565
6/0745	.82	61	50	11.6	7.11	38	yes	565
7/0735	.84	61	51	11.1	7.21	39	yes	565
8/0739	.83	61	50	11.4	6.93	35	yes	565
9/0745	.84	61	51	11.4	7.33	41	yes	565
10/0738	.84	61	51	11.6	7.0	35	yes	565
11/0737	.90	61	55	11.6	7.12	38	yes	565
12/0800	.90	61	55	11.5	7.15	38	yes	565
13/0800	.90	61	55	11.8	7.18	38	yes	565
14/0800	.86	61	52	11.7	6.97	35	yes	565
15/0800	.84	61	51	11.7	6.95	35	yes	565
16/0800	.83	61	50	11.7	7.35	43	yes	565
17/0800	.91	61	55	12.0	7.25	36	yes	565
18/0800	.89	61	54	12.1	7.02	34	yes	565
19/0640	.94	61	57	12.9	6.96	32	yes	565
20/0800	.92	61	56	12.9	7.05	34	yes	565
21/0735	.89	61	54	13.2	7.12	32	yes	565
22/0730	.92	61	56	13.6	7.06	31	yes	565
23/0742	.86	61	52	12.5	7.10	34	yes	565
24/0735	.89	61	54	13.4	7.07	31	yes	565
25/0733	.89	61	54	13.4	6.74	28	yes	565
26/0730	.92	61	56	14.1	6.96	27	yes	565
27/0730	1.04	61	63	14.6	7.28	31	yes	565
28/0745	.81	61	49	14.5	6.73	26	yes	565
29/0730	.72	61	44	14.5	7.12	29	yes	565
30/0730	.72	61	44	14.4	7.03	28	yes	565
31/								

<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 September 2016  
 Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350