

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

System Name: LYONS - MEHAMA WATER DIST #4100493 WTP: A-A Month/Year: Sep 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			.037				.037
2			.031				.031
3			.031				.031
4			.030				.030
5			.030				.030
6			.030				.030
7			.031				.031
8			.029				.029
9			.033				.033
10			.029				.029
11			.033				.033
12			.033				.033
13			.035				.035
14			.035				.035
15			.037				.037
16			.031				.031
17			.034				.034
18			.037				.037
19			.041				.041
20			.041				.041
21			.042				.042
22			.045				.045
23			.044				.044
24			.045				.045
25			.035				.035
26			.045				.045
27			.046				.046
28			.035				.035
29			.038				.038
30			.035				.035
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer 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
Notes:	PRINTED NAME: <u>William A GRIMES</u>	
	SIGNATURE: <u>W.A. Grimes</u>	DATE: <u>20 Oct 21</u>
	PHONE #: <u>(503) 859-2167</u>	CERT #: <u>WT 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 DISTID #: 4100493 WTP: AA Month/Year: Sep 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]
1/07/42	0.75	66	46	13.4	7.08	30	yes	565
2/10/50	0.61	61	37	13.7	6.71	27	yes	565
3/10/55	0.78	61	48	13.7	7.31	34	yes	565
4/10/45	0.77	61	47	13.7	7.05	30	yes	565
5/10/45	0.90	61	55	14.2	6.87	27	yes	565
6/10/45	0.74	61	45	14.3	6.82	26	yes	565
7/10/46	0.74	61	45	14.3	7.3	30	yes	565
8/10/50	0.78	61	48	14.4	7.34	31	yes	565
9/10/45	0.98	61	60	14.5	7.55	34	yes	565
10/10/50	0.82	61	50	14.2	7.62	36	yes	565
11/10/800	0.91	61	55	13.9	6.97	30	yes	565
12/10/45	0.82	61	50	14.1	6.87	27	yes	565
13/10/40	0.74	61	48	14.1	7.67	35	yes	565
14/10/38	0.79	61	48	14	7.25	30	yes	565
15/10/52	0.83	61	51	14.2	7.09	29	yes	565
16/10/44	0.74	61	45	13.8	7.61	36	yes	565
17/10/30	0.81	61	49	13.7	7.26	34	yes	565
18/10/45	0.94	61	57	14.1	6.75	28	yes	565
19/10/30	0.81	61	49	13.8	7.01	31	yes	565
20/10/43	0.75	61	46	13.9	7.37	34	yes	565
21/10/53	0.64	61	39	13.9	7.68	38	yes	565
22/10/44	0.85	61	52	13.9	7.03	31	yes	565
23/10/40	0.90	61	55	13.8	7.69	39	yes	565
24/10/30	0.90	61	55	13.9	7.57	37	yes	565
25/10/45	0.82	61	50	13.9	7.01	31	yes	565
26/10/45	0.83	61	51	13.9	6.85	29	yes	565
27/10/51	0.87	61	53	14	7.18	30	yes	565
28/10/58	0.91	61	55	13.7	7.58	37	yes	565
29/10/45	0.93	61	57	13.5	7.34	35	yes	565
30/10/47	0.92	61	56	13.6	7.77	40	yes	565
31/		61						

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