

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

System Name: Lyon's Mehana Water Dist. ID #: 4100493 WTP: AA Month/Year: 11/21

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			.028				.028
2			.030				.030
3			.028				.028
4			.029				.029
5			.028				.028
6			.024				.024
7			.019				.019
8			.021				.021
9			.021				.021
10			.021				.021
11			.021				.021
12			.024				.024
13			.025				.025
14			.024				.024
15			.022				.022
16			.024				.024
17			.022				.022
18			.021				.021
19			.02				.02
20			.018				.018
21			.023				.023
22			.024				.024
23			.023				.023
24			.023				.023
25			.024				.024
26			.027				.027
27			.025				.025
28			.025				.025
29			.027				.027
30			.028				.028
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> <b>Monthly Summary</b>	<b>Monthly Summary (Answer Yes or No)</b>	
	95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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
<b>Notes:</b>	PRINTED NAME: <u>William A Grimes</u>	
	SIGNATURE: <u>W.A. Grimes</u>	DATE: <u>12-5-21</u>
	PHONE #: <u>(503) 859 2367</u>	CERT #: <u>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:

Lyon's Muhama Water Dist

ID #:

9100493

WTP-:

A A

Month/Year:

Nov 2021

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]
1/07/48	0.75	61	46	12.7	7.3	36	yes	565
2/07/34	0.74	61	45	12.8	7.50	38	yes	565
3/07/47	0.68	61	41	12.9	7.18	34	yes	565
4/07/45	0.68	61	41	13.1	7.18	32	yes	565
5/07/41	0.74	61	45	12.9	7.46	38	yes	565
6/07/15	0.78	61	47	12.6	7.32	37	yes	565
7/07/30	0.82	61	50	12.4	7.35	38	yes	565
8/07/36	0.80	61	49	12.4	7.13	34	yes	565
9/07/45	0.7	61	43	12.6	7.18	34	yes	565
10/07/16	0.76	61	46	12.5	7.14	34	yes	565
11/07/40	0.75	61	46	12.8	6.94	32	yes	565
12/07/34	0.74	61	45	13.0	7.44	35	yes	565
13/07/30	0.74	61	45	13.1	7.09	30	yes	565
14/07/45	0.75	61	46	13.3	7.33	34	yes	565
15/07/39	0.72	61	44	13.2	7.36	34	yes	565
16/07/45	0.76	61	46	13.1	7.49	38	yes	565
17/07/37	0.83	61	51	12.4	6.59	28	yes	565
18/07/45	0.79	61	48	12.1	7.34	37	yes	565
19/07/44	0.72	61	44	12.5	6.77	30	yes	565
20/08/00	0.79	61	48	12.1	7.02	33	yes	565
21/07/15	0.80	61	49	11.6	7.16	37	yes	565
22/07/40	0.78	61	47	11.7	7.19	37	yes	565
23/07/44	0.74	61	45	12.1	6.77	30	yes	565
24/07/41	0.77	61	47	12.0	6.95	32	yes	565
25/08/00	0.77	61	47	11.8	7.09	36	yes	565
26/07/45	0.82	61	50	11.7	6.74	32	yes	565
27/08/00	0.85	61	52	12.3	6.90	31	yes	565
28/07/45	0.83	61	51	12.6	6.81	31	yes	565
29/07/40	0.78	61	48	12.6	6.75	30	yes	565
30/07/40	0.69	61	42	12.4	6.75	30	yes	565
31/		61						

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350