

**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 #: 4180493 WTP: AA Month/Year: JAN 2022

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			.020				.020
2			.020				.020
3			.021				.021
4			.02				.02
5			.02				.02
6			.02				.02
7			.021				.021
8			.020				.020
9			.020				.020
10			.02				.02
11			.026				.026
12			.022				.022
13			.02				.02
14			.02				.02
15			.020				.020
16			.020				.020
17			.019				.019
18			.020				.020
19			.019				.019
20			.026				.026
21			.024				.024
22			.028				.028
23			.026				.026
24			.022				.022
25			.023				.023
26			.027				.027
27			.024				.024
28			.029				.029
29			.030				.030
30			.029				.029
31			.028				.028

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <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 Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		All Cl ₂ 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>			DATE: <u>1 Feb 22</u>
SIGNATURE: <u>W A Grimes</u>		CERT #: <u>2885</u>	
PHONE #: <u>(503) 859-2369</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 - MEHMA WATER DIST

ID #: 4106493 WTP: AA

Month/Year: JAN 2022

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
110745	.92	61	56	9.4	6.91	40	yes	565
210745	.84	61	51	9.4	6.74	37	yes	565
310742	.93	61	57	10	7.05	39	yes	565
410740	.74	61	45	9.7	7.83	44	yes	565
510743	.82	61	50	10	7.19	40	yes	565
610742	.9	61	55	10	7.25	42	yes	565
710738	.89	61	54	10.3	7.21	42	yes	565
810800	.83	61	50	10.2	7.09	39	yes	565
910745	.93	61	57	10.2	6.80	35	yes	565
1010750	.8	61	49	10.3	6.51	32	yes	565
1110740	1.10	61	67	8.6	7.37	37	yes	565
1210735	.73	61	45	9.4	7.23	42	yes	565
1310740	.96	61	59	9.1	7.27	45	yes	565
1410742	.85	61	52	9.4	7.40	46	yes	565
1510745	.92	61	56	9.3	6.90	36	yes	565
1610745	.91	61	56	9.4	6.73	37	yes	565
1710745	.87	61	53	9.3	7.3	44	yes	565
1810741	.85	61	52	9.3	7.46	48	yes	565
1910739	.84	61	51	9.7	7.34	46	yes	565
2010740	.89	61	54	9.8	7.24	45	yes	565
2110745	.84	61	53	9.8	7.25	45	yes	565
2210745	.98	61	60	9.6	6.74	37	yes	565
2310645	.99	61	60	9.3	7.01	44	yes	565
2410745	.93	61	57	9.2	7.00	40	yes	565
2510739	.95	61	58	9.2	7.01	41	yes	565
2610742	.94	61	57	9.1	7.18	43	yes	565
2710745	.98	61	60	7.3	7.3	50	yes	565
2810749	.92	61	56	7.4	7.40	53	yes	865
2910800	.84	61	47	7.1	7.13	51	yes	565
3010745	.99	61	48	7.1	7.05	46	yes	565
3110738	.75	61	46	8.3	7.08	43	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