

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

System Name: Lyons Mahana Water District ID #: 4105492 WTP: AA Month/Year: April 2020

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							
2			.029				.029
3			.029				.029
4			.029				.029
5			.028				.028
6			.032				.032
7			.033				.033
8			.043				.043
9			.038				.038
10			.038				.038
11			.042				.042
12			.047				.047
13			.052				.052
14			.052				.052
15			.044				.044
16			.040				.040
17			.038				.038
18			.036				.036
19			.036				.036
20			.036				.036
21			.036				.036
22			.035				.035
23			.035				.035
24			.030				.030
25			.031				.031
26			.030				.030
27			.030				.030
28			.031				.031
29			.033				.033
30			.030				.030
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="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <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>5-5-2020</u>
	PHONE #: <u>(503) 859-2367</u>	CERT #: <u>2005</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 Dist** ID #: **4100493** WTP: **AA** Month/Year: **Apr 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]
110710	1.04	61	63	10.0	7.2	40	yes	565
210745	1.01	61	62	10.2	7.31	44	yes	565
310800	1.01	61	62	10.3	6.94	38	yes	565
410737	.84	61	51	10.5	7.38	43	yes	565
510739	.92	61	56	9.8	7.42	46	yes	565
610740	.92	61	56	9.4	7.49	48	yes	565
710739	.85	61	52	9.7	7.31	46	yes	565
810738	.79	61	48	10.8	7.44	44	yes	565
910745	1.14	61	70	9.7	7.14	42	yes	565
1010745	1.08	61	66	9.1	7.27	46	yes	565
1110740	1.10	61	67	8.3	7.09	45	yes	565
1210739	.99	61	60	8.1	7.53	53	yes	565
1310737	.98	61	60	7.9	7.33	52	yes	565
1410739	.88	61	54	8.4	7.1	44	yes	565
1510740	.91	61	56	8.6	7.17	46	yes	565
1610745	.94	61	57	9.7	7.14	43	yes	565
1710745	.90	61	55	9.2	7.13	43	yes	565
1810740	.89	61	54	9.4	7.12	43	yes	565
1910741	.90	61	55	9.1	7.12	43	yes	565
2010740	.93	61	57	9.3	7.24	45	yes	565
2110737	1.02	61	62	9.7	7.18	44	yes	565
2210735	.95	61	58	9.9	7.07	41	yes	565
2310756	.98	61	54	10.0	7.08	38	yes	565
2410810	.89	61	54	10.4	6.99	37	yes	565
2510733	.81	61	49	10.7	6.91	37	yes	565
2610741	.95	61	58	9.7	7.15	43	yes	565
2710741	.89	61	54	9.8	7.16	43	yes	565
2810739	.89	61	54	9.9	7.25	45	yes	565
2910742	.87	61	53	9.8	7.28	46	yes	565
3010739	.88	61	54	10.1	7.14	40	yes	565
311		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