

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

System Name: ID #: WTP-: Month/Year:

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			.030				.030
2			.032				.032
3			.034				.034
4			.042				.042
5			.033				.033
6			.032				.032
7			.040				.040
8			.031				.031
9			.030				.030
10			.034				.034
11			.034				.034
12			.057				.057
13			.030				.030
14			.032				.032
15			.032				.032
16			.040				.040
17			.033				.033
18			.04				.04
19			.034				.034
20			.042				.042
21			.044				.044
22			.046				.046
23			.037				.037
24			.033				.033
25			.033				.033
26			.033				.033
27			.034				.034
28			.032				.032
29			.032				.032
30			.031				.031
31			.030				.030

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
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	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: William A GRIMES	
		SIGNATURE: W.A. Grimes	DATE: 9-6-22
		PHONE #: (503) 859-2367	CERT #: 2085

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-Mehana Water Dist.

ID #: 4100493 WTP: AA

Month/Year: August 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]
11/07/44	.86	61	53	15.7	7.14	27	yes	565
21/07/35	.85	61	52	15.5	6.8	23	yes	565
31/07/33	.87	61	53	15.6	6.9	24	yes	565
41/07/45	.89	61	54	15.5	7.07	26	yes	565
51/07/32	.93	61	57	15.5	7.02	26	yes	565
61/07/50	.97	61	59	15.5	7.03	26	yes	565
71/07/30	.95	61	.58	15.8	7.05	26	yes	565
81/07/42	.9	61	.55	15.8	6.99	25	yes	565
91/07/35	.94	61	57	15.4	7.08	26	yes	565
101/07/38	.92	61	56	15.7	6.87	24	yes	565
111/07/41	.9	61	55	15.3	7.05	26	yes	565
121/07/40	.89	61	54	16	7.05	23	yes	565
131/07/50	.90	61	55	15.2	7.02	26	yes	565
141/07/45	.87	61	53	15.5	6.94	25	yes	565
151/07/42	.88	61	54	15.6	7.02	26	yes	565
161/07/37	.91	61	56	15.7	7.06	26	yes	565
171/07/41	.86	61	52	15.8	6.93	27	yes	565
181/07/41	.85	61	52	15.8	6.97	25	yes	565
191/07/40	.86	61	52	15.1	7.02	26	yes	565
201/07/45	.87	61	53	15.6	7.23	28	yes	565
211/07/30	.89	61	54	15.6	7.06	26	yes	565
221/07/41	.85	61	52	16	6.89	23	yes	565
231/07/42	.85	61	52	15.9	6.68	23	yes	565
241/07/42	.79	61	48	15.7	7.05	25	yes	565
251/07/42	.82	61	50	16	7.03	25	yes	565
261/07/38	.81	61	49	16	7.02	25	yes	565
271/07/45	.83	61	51	16.0	7.13	26	yes	565
281/07/50	.84	61	51	15.1	7.20	27	yes	565
291/07/45	.83	61	51	15.3	6.83	24	yes	565
301/07/40	.83	61	51	15.5	7.33	27	yes	565
311/07/37	.86	61	52	15.5	6.89	24	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