

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

System Name: Lyon's Mehary Water Dist. ID #: 4100493 WTP: AA Month/Year: September 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			.03				.030
2			.032				.032
3			.031				.031
4			.039				.039
5			.031				.031
6			.037				.037
7			.043				.043
8			.04				.04
9			.032				.032
10			.036				.036
11			.030				.030
12			.03				.03
13			.029				.029
14			.03				.03
15			.033				.033
16			.034				.034
17			.034				.034
18			.029				.029
19			.033				.033
20			.031				.031
21			.036				.036
22			.029				.029
23			.029				.029
24			.031				.031
25			.042				.042
26			.033				.033
27			.033				.033
28			.033				.033
29			.042				.042
30			.042				.042
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	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>	
		SIGNATURE: <u>W.A. Grimes</u>	DATE: <u>10-3-22</u>
		PHONE #: <u>(503) 859 2367</u>	CERT #: <u>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: Lyon-J-MeHana Water Dist. ID #: 4100493 WTP: AA Month/Year: September 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]
1/07/42	.86	61	52	15.3	7.1	26	yes	565
2/07/42	.82	61	60	15.6	6.82	24	yes	565
3/07/40	.85	61	52	15.7	7.16	27	yes	565
4/07/50	.86	61	52	15.3	7.54	31	yes	565
5/07/20	.85	61	52	15.6	6.93	25	yes	565
6/07/39	.8	61	49	15.4	6.71	22	yes	565
7/07/43	.85	61	52	15.2	6.82	24	yes	565
8/07/50	.85	61	52	14.6	6.85	27	yes	565
9/07/40	.86	61	52	14.2	7.16	30	yes	565
10/1/30	.60	61	37	14.4	7.66	33	yes	565
11/07/46	1.00	61	61	14.3	6.88	27	yes	565
12/07/51	.92	61	56	14.4	6.8	26	yes	565
13/07/49	.85	61	52	14.1	6.96	27	yes	565
14/07/43	.83	61	51	14.1	7.26	31	yes	565
15/07/40	.84	61	51	14	6.82	27	yes	565
16/07/43	.82	61	50	14	6.65	25	yes	565
17/07/30	.85	61	52	13.7	7.10	31	yes	565
18/07/35	.87	61	53	13.9	7.01	30	yes	565
19/07/41	.83	61	51	13.8	6.83	29	yes	565
20/07/40	.85	61	52	14.0	7.27	31	yes	565
21/07/35	.84	61	51	14.2	6.82	27	yes	565
22/07/49	.87	61	53	14.6	6.81	27	yes	565
23/07/47	.88	61	54	14.4	6.90	27	yes	565
24/07/45	.89	61	54	14.4	7.08	29	yes	565
25/07/30	.84	61	51	14.4	6.87	27	yes	565
26/07/45	.86	61	52	14.4	6.59	24	yes	565
27/07/49	.88	61	54	14.5	6.74	26	yes	565
28/07/39	.85	61	52	14.2	6.85	25	yes	565
29/07/44	.78	61	48	14.2	7.00	27	yes	565
30/07/43	.9	61	55	14.2	6.9	27	yes	565
31/								

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-alf-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