

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 #: 4100493 WTP: AA Month/Year: JAN 2023

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			.030				.030
2			.029				.029
3			.029				.029
4			.029				.029
5			.029				.029
6			.028				.028
7			.029				.029
8			.029				.029
9			.029				.029
10			.029				.029
11			.029				.029
12			.029				.029
13			.029				.029
14			.029				.029
15			.029				.029
16			.029				.029
17			.03				.03
18			.029				.029
19			.03				.03
20			.031				.031
21			.030				.030
22			.029				.029
23			.029				.029
24			.029				.029
25			.03				.03
26			.03				.03
27			.031				.031
28			.032				.032
29			.031				.031
30			.031				.031
31			.034				.034

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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 <input checked="" type="checkbox"/> Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: John Markert	
	SIGNATURE: <i>John Markert</i>	DATE: 2-3-23
	PHONE #: (503) 859-2367	CERT #: T-304712

<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: LYONS-MEHAMA WATER DIST ID #: 4100493 WTP: AA Month/Year: JAN 23

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]
1/1/0800	.86	61	52	10.5	6.82	36	yes	565
2/1/0800	.85	61	52	10.1	6.76	35	yes	565
3/1/0742	.8	61	49	10.2	6.84	36	yes	565
4/1/0741	.82	61	50	10.4	6.83	36	yes	565
5/1/0740	.84	61	51	10.3	6.84	36	yes	565
6/1/0741	.81	61	49	10.5	6.78	35	yes	565
7/1/0750	.80	61	53	10.5	7.29	42	yes	565
8/1/0736	.88	61	54	10.4	7.00	37	yes	565
9/1/0735	.89	61	54	10.2	7.03	39	yes	565
10/1/0740	.82	61	50	10.2	7.08	39	yes	565
11/1/0739	.85	61	52	10.2	7.1	39	yes	565
12/1/0740	.86	61	53	10.4	7.17	40	yes	565
13/1/0741	.85	61	52	10.7	6.75	35	yes	565
14/1/0757	.82	61	50	10.7	7.09	39	yes	565
15/1/0800	.85	61	52	10.5	7.08	39	yes	565
16/1/0740	.88	61	54	10.3	6.83	36	yes	565
17/1/0742	.8	61	49	10.4	6.82	36	yes	565
18/1/0741	.78	61	48	10.5	7.08	38	yes	565
19/1/0740	.81	61	49	10.2	7.15	40	yes	565
20/1/0739	.83	61	51	10.1	7.19	40	yes	565
21/1/0750	.81	61	49	10.2	7.14	40	yes	565
22/1/0748	.84	61	51	10.2	6.81	36	yes	565
23/1/0739	.86	61	53	10.4	7.31	43	yes	565
24/1/0740	.85	61	52	10.3	7.29	42	yes	565
25/1/0743	.82	61	50	10.6	7.17	40	yes	565
26/1/0743	.83	61	51	10.6	7.24	42	yes	565
27/1/0740	.79	61	48	10.7	7.09	38	yes	565
28/1/0745	.83	61	51	10.8	7.20	40	yes	565
29/1/0740	.90	61	55	10.2	7.25	42	yes	565
30/1/0745	.87	61	53	9.5	7.38	46	yes	565
31/1/0741	.82	61	50	9.7	7.36	46	yes	565

<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