

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

System Name: LYONS-MEHAMA WATERDIST. ID #: 4100493WTP-AA Month/Year: APRIL 2023

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			.028				.028
2			.029				.029
3			.03				.03
4			.028				.028
5			.028				.028
6			.027				.027
7			.027				.027
8			.029				.029
9			.028				.028
10			.027				.027
11			.027				.027
12			.028				.028
13			.029				.029
14			.028				.028
15			.05				.05
16			.03				.03
17			.027				.027
18			.028				.028
19			.028				.028
20			.029				.029
21			.029				.029
22			.029				.029
23			.029				.029
24			.029				.029
25			.031				.031
26			.029				.029
27			.028				.028
28			.028				.028
29			.029				.029
30			.029				.029
31			.029				.029

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: John F Maricert	
		SIGNATURE: <i>[Signature]</i>	DATE: May 16 th 23
		PHONE #: (541) 990 5007	CERT #: F309712

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: APRIL 2013

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1107	37 .88	61	54	9.5	7.3	45	yes	565
2107	07 .9	61	55	9.5°C	7.18	43	yes	565
3107	10 .94	61	57	9.3	7.25	45	yes	565
4107	41 .88	61	54	9.4	7.17	43	yes	565
5107	43 .85	61	52	9.5	7.21	45	yes	565
6107	39 .85	61	52	9.8	7.06	41	yes	565
7107	48 .87	61	53	10	7.05	39	yes	565
8110	32 0.99	61	60	9.9	7.18	43	yes	565
9109	35 1.04	61	63	10	7.07	40	yes	565
10107	39 1.02	61	62	10	7.29	43	yes	565
11107	41 .98	61	60	9.7	7.15	43	yes	565
12107	49 .93	61	57	9.8	7.17	43	yes	565
13107	11 .92	61	56	10	7.08	39	yes	565
14107	41 .96	61	59	10.2	7.16	40	yes	565
15107	39 .91	61	56	10.2	7.13	40	yes	565
16110	7 .92	61	55	10.4	7.16	40	yes	565
17107	30 .85	61	52	10.3	7.06	39	yes	565
18107	46 .9	61	55	10.2	7.18	40	yes	565
19107	48 .95	61	58	10.4	7.15	40	yes	565
20107	22 .92	61	56	10.3	7.26	42	yes	565
21107	34 .69	61	42	10.3	7.06	38	yes	565
22107	00 1.16	61	70	10.5	7.17	41	yes	565
23107	45 1.14	61	70	10.6	7.18	41	yes	565
24107	40 1.2	61	73	10.5	7.03	40	yes	565
25107	45 .90	61	55	10.5	7.28	42	yes	565
26107	39 .82	61	50	10.6	7.16	40	yes	565
27107	47 .87	61	53	10.7	7.18	40	yes	565
28107	45 .83	61	51	10.8	7.17	40	yes	565
29107	45 .82	61	50	10.8	7.21	42	yes	565
30107	36 .42	61	56	10.6	7.00	37	yes	565
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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-ait-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