

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

System Name: LYONS / MASHAAS WATER DIST ID #: 4100493 WTP: AA **Month/Year:** MAY 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			.029				.029
2			.029				.029
3			.028				.028
4			.030				.030
5			.034				.034
6			.030				.030
7			.030				.030
8			.055				.055
9			.053				.053
10			.049				.049
11			.043				.043
12			.038				.038
13			.038				.038
14			.037				.037
15			.037				.037
16			.033				.033
17			.033				.033
18			.034				.034
19			.037				.037
20			.037				.037
21			.035				.035
22			.034				.034
23			.033				.033
24			.034				.034
25			.035				.035
26			.037				.037
27			.039				.039
28			.037				.037
29			.037				.037
30			.041				.041
31			.055				.055

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="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: John F Markert IV	
	SIGNATURE: <i>John F Markert IV</i>	DATE: 5-31-2023
	PHONE #: (203) 541-990 5007	CERT #: T-30712

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 / WAPANA unfiltered ID #: 4100423 WTP: A4 Month/Year: MAY 2023

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]
1/08:20	.92	61	58	10.5	6.22	29	yes	565
2/07:57	.86	61	53	9.6	6.16	30	yes	565
3/07:58	.80	61	49	9.7	6.57	34	yes	565
4/17:48	.75	61	46	10.1	6.17	31	yes	565
5/17:50	.86	61	52	9.4	6.54	34	yes	565
6/18:00	.89	61	54	9.2	6.44	33	yes	565
7/18:25	.86	61	53	9.5	6.28	31	yes	565
8/17:58	.85	61	52	9.6	6.48	33	yes	565
9/17:40	.84	61	51	9.4	6.17	30	yes	565
10/17:50	.81	61	49	9.7	6.33	32	yes	565
11/18:10	.77	61	47	10.6	6.80	35	yes	565
12/18:00	.74	61	45	10.8	6.54	32	yes	565
13/18:05	.83	61	51	10.8	6.48	31	yes	565
14/16:30	.77	61	47	11.5	6.34	28	yes	565
15/17:00	.76	61	46	11.5	6.57	30	yes	565
16/17:37	.73	61	45	11.4	6.22	27	yes	565
17/17:37	.75	61	46	11.1	6.47	29	yes	565
18/17:45	.74	61	45	11.2	6.38	28	yes	565
19/17:45	.73	61	45	11.3	6.60	30	yes	565
20/18:30	.72	61	44	11.4	6.67	32	yes	565
21/16:11	.73	61	45	11.4	6.58	30	yes	565
22/17:34	.78	61	48	10.9	6.77	32	yes	565
23/17:40	.74	61	45	10.8	6.90	33	yes	565
24/17:50	.76	61	46	11.1	6.69	31	yes	565
25/17:45	.69	61	42	11.2	6.50	29	yes	565
26/17:42	.73	61	45	12.9	6.17	24	yes	565
27/17:50	.71	61	43	11.9	6.98	34	yes	565
28/18:14	.72	61	44	11.6	7.04	34	yes	565
29/18:23	.75	61	46	11.6	6.80	32	yes	565
30/17:50	.70	61	43	11.4	6.85	33	yes	565
31/1	.70	61	43	11.6	7.88	47	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