

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

**System Name:** Lyon's Mehana Water District **ID #:** 4100243 **WTP-:** AIA **Month/Year:** August 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			.042				.042
2			.040				.040
3			.038				.038
4			.038				.038
5			.037				.037
6			.038				.038
7			.036				.036
8			.040				.040
9			.042				.042
10			.040				.040
11			.042				.042
12			.041				.041
13			.044				.044
14			.044				.044
15			.048				.048
16			.051				.051
17			.048				.048
18			.052				.052
19			.060				.060
20			.054				.054
21			.056				.056
22			.061				.061
23			.063				.063
24			.063				.063
25			.035				.035
26			.037				.037
27			.036				.036
28			.035				.035
29			.035				.035
30			.039				.039
31			.030				.030

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
<b>Notes:</b>		<b>PRINTED NAME:</b> John Markert	
		<b>SIGNATURE:</b> <i>John Markert</i>	<b>DATE:</b> 7-31-23
		<b>PHONE #:</b> (541) 990-5007	<b>CERT #:</b> F-309712

<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: Lyon's Mekama Water District

ID #: 400493 WTP: AA

Month/Year: July 2022

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]
1/7:32	.69	61	42	13.7	6.65	25	Yes	565
2/7:52	.69	61	42	14.0	6.71	25	Yes	565
3/7:45	.69	61	42	13.8	6.69	26	Yes	565
4/7:59	.70	61	43	13.5	6.68	26	Yes	565
5/7:40	.72	61	44	13.4	6.48	24	Yes	565
6/8:00	.69	61	42	13.6	6.45	24	Yes	565
7/8:00	.71	61	43	13.4	6.46	24	Yes	565
8/8:05	.70	61	43	13.6	6.66	26	Yes	565
9/8:25	.68	61	42	14.2	6.75	25	Yes	565
10/8:50	.69	61	42	13.8	6.49	26	Yes	565
11/8:50	.68	61	42	13.7	6.59	23	Yes	565
12/8:45	.70	61	43	13.5	6.51	23	Yes	565
13/8:50	.73	61	45	14.3	6.50	22	Yes	565
14/8:40	.70	61	43	13.9	6.52	25	Yes	565
15/8:30	.70	61	43	14.0	6.62	24	Yes	565
16/8:50 AM	.70	61	43	14.0	6.63	24	Yes	565
17/8:00 AM	.73	61	45	14.2	6.51	23	Yes	565
18/8:00 AM	.69	61	42	14.0	6.53	23	Yes	565
19/7:45 AM	.72	61	44	14.1	6.54	23	Yes	565
20/7:30 AM	.69	61	42	14.4	6.70	24	Yes	565
21/7:45	.68	61	42	14.3	6.51	23	Yes	565
22/7:54	.71	61	43	14.3	6.73	25	Yes	565
23/8:36	.70	61	43	14.6	6.81	26	Yes	565
24/8:04	.71	61	43	14.5	6.73	25	Yes	565
25/7:46 AM	.65	61	40	14.1	6.76	25	Yes	565
26/7:40 AM	.80	61	50	14.5	6.83	27	Yes	565
27/7:42 AM	.66	61	40	14.2	6.68	24	Yes	565
28/8:00	.67	61	40	13.9	6.38	24	Yes	565
29/8:04	.68	61	42	13.9	6.89	28	Yes	565
30/8:18	.80	61	49	14.4	6.87	26	Yes	565
31/1	.68	61	42	14.1	6.57	23	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