

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

System Name: Lyon's - mehana water DISTID #: 4100497 WTP: AA Month/Year: Nov 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			.036				.036
2			.034				.034
3			.036				.036
4			.037				.037
5			.038				.038
6			.036				.036
7			.035				.035
8			.037				.037
9			.036				.036
10			.036				.036
11			.037				.037
12			.043				.043
13			.045				.045
14			.047				.047
15			.046				.046
16			.053				.053
17			.054				.054
18			.056				.056
19			.050				.050
20			.045				.045
21			.055				.055
22			.041				.041
23			.040				.040
24			.035				.035
25			.042				.042
26			.037				.037
27			.037				.037
28			.037				.037
29			.037				.037
30			.037				.037
31			.037				.037

Slow Sand/Membrane/DE Filtration/Unfiltered <b>Monthly Summary</b>	Monthly Summary (Answer Yes or No)	
	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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>John Markert</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>4.30-23</u>
	PHONE #: <u>(503) 859-2367</u>	CERT #: <u>T309712</u>

<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 - Melama Water District ID #: 460493 WTP: A-A Month/Year: SEPT 2016 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 6:45	.91	61	56	13.9	7.11	35	Yes	565
2 7:15	.93	61	57	14.5	7.16	30	Yes	565
3 7:45	.93	61	57	14.2	7.13	30	Yes	565
4 8:15	.94	61	58	14.2	7.09	28	Yes	565
5 8:45	.92	61	56	13.7	7.13	32	Yes	565
6 9:15	.83	61	51	13.7	6.96	30	Yes	565
7 9:45	.72	61	44	13.7	6.94	29	Yes	568
8 10:15	.91	61	56	13.6	7.07	31	Yes	568
9 10:45	.87	61	50	13.6	6.98	30	Yes	565
10 11:15	.86	61	53	13.6	7.04	31	Yes	565
11 11:45	.78	61	48	13.5	6.99	28	Yes	565
12 12:15	.85	61	52	13.7	7.06	31	Yes	568
13 12:45	.81	61	50	13.5	6.89	29	Yes	568
14 1:15	.84	61	52	13.4	7.12	32	Yes	565
15 1:45	.86	61	53	13.4	7.08	31	Yes	565
16 2:15	.97	61	59	13.8	6.80	28	Yes	565
17 2:45	.76	61	46	13.0	6.93	29	Yes	565
18 3:15	.99	61	60	14.0	6.87	27	Yes	565
19 3:45	.88	61	54	13.4	7.13	32	Yes	565
20 4:15	.83	61	51	13.4	7.14	32	Yes	565
21 4:45	.95	61	58	13.4	7.04	31	Yes	565
22 5:15	.93	61	57	13.6	7.17	32	Yes	565
23 5:45	.98	61	60	13.5	6.60	27	Yes	565
24 6:15	.96	61	58	13.3	6.94	30	Yes	565
25 6:45	1.04	61	32	13.2	7.11	44	Yes	565
26 7:15	.85	61	52	13.1	6.82	29	Yes	565
27 7:45	.94	61	58	13.4	6.95	30	Yes	565
28 8:15	.93	61	57	13.3	6.76	28	Yes	565
29 8:45	.97	61	59	13.5	6.96	29	Yes	565
30 9:15	.93	61	57	13.3	6.94	29	Yes	565
31								

<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-act-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-act-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350