

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

System Name: Lyon's Membrane water DIST ID #: 41004 WTP: A/A Month/Year: Oct 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			.035				.035
2			.037				.037
3			.036				.036
4			.037				.037
5			.039				.039
6			.036				.036
7			.035				.035
8			.035				.035
9			.035				.035
10			.036				.036
11			.049				.049
12			.060				.060
13			.043				.043
14			.037				.037
15			.038				.038
16			.035				.035
17			.038				.038
18			.045				.045
19			.042				.042
20			.046				.046
21			.040				.040
22			.033				.033
23			.034				.034
24			.035				.035
25			.034				.034
26			.042				.042
27			.035				.035
28			.038				.038
29			.037				.037
30			.041				.041
31			.037				.037

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary 85% of daily turbidity readings ≤ 1 NTU? <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: <u>John Markert</u>	DATE: <u>Nov 1 2023</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>T30921</u>
		PHONE #: <u>(503) 854-2367</u>	

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:

Lyon's Nehalem Water Dist

ID #: 4100493

WTP: AA

Month/Year: OCT 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]
1/9:00am	.97	61	59	13.3	6.87	24	yes	565
2/7:14am	.94	61	57	13.3	6.50	25	yes	565
3/8:25am	.84	61	52	13.2	6.26	28	yes	565
4/8:55am	.98	61	59	13.4	6.56	26	yes	565
5/8:00	1.01	61	59	14.0	7.16	30	yes	565
6/8:30	1.05	61	64	14.1	6.79	26	yes	565
7/8:30	1.09	61	64	13.8	6.50	25	yes	565
8/8:52	.95	61	58	13.7	6.85	29	yes	565
9/7:54	.85	61	52	13.6	6.54	26	yes	565
10/8:01	.83	61	51	13.7	6.94	30	yes	565
11/8:11	.85	61	52	13.1	6.29	23	yes	565
12/7:48	.83	61	51	13.2	6.24	23	yes	565
13/7:47	.85	61	52	13.5	6.43	25	yes	565
14/7:52am	.87	61	53	13.3	6.51	25	yes	565
15/7:44am	.86	61	53	13.3	6.45	25	yes	565
16/8:00	.85	61	52	13.5	6.32	24	yes	565
17/7:44	.83	61	51	12.9	6.46	27	yes	565
18/7:49	.71	61	44	12.7	6.61	29	yes	565
19/8:25	.65	61	40	12.5	6.55	28	yes	565
20/8:00	.80	61	49	13.3	6.66	27	yes	565
21/8:34am	.80	61	44	13.4	6.47	24	yes	565
22/8:14am	.89	61	54	13.2	6.50	25	yes	565
23/7:51	0.82	61	51	13.3	6.69	27	yes	565
24/8:05	0.81	61	50	13.4	6.71	28	yes	565
25/8:04	0.91	61	56	12.6	6.70	29	yes	565
26/8:10	.87	61	53	12.4	6.93	32	yes	565
27/8:05	0.85	61	52	12.3	6.52	28	yes	565
28/8:28	0.93	61	57	12.1	7.29	36	yes	565
29/9:30	0.92	61	56	12.0	6.69	29	yes	565
30/	0.90	61	55	12.1	6.47	27	yes	565
31/7:50	0.87	61	53	12.0	6.97	32	yes	565

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

Revised September 2016

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