

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

System Name: Lyons Mebama Water District ID #: 4100493 WTP: AA Month/Year: Dec 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			0.030				0.030
2			.031				.031
3			.036				.036
4			.051				.051
5			.046				.046
6			.042				.042
7			.040				.040
8			.042				.042
9			.044				.044
10			.049				.049
11			.049				.049
12			.049				.049
13			.050				.050
14			.052				.052
15			.054				.054
16			.054				.054
17			.057				.057
18			.056				.056
19			.056				.056
20			.062				.062
21			.047				.047
22			.053				.053
23			.061				.061
24			.063				.063
25			.054				.054
26			.073				.073
27			.071				.071
28			.027				.027
29			.027				.027
30			.027				.027
31			.027				.027

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary 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 Markert	DATE: Jan 15 th 2024
		SIGNATURE: <i>John F Markert</i>	CERT #: F-309712
		PHONE #: (541) 990-5007	

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 Mahama Water District ID #: 4/00493 WTP: A A Month/Year: Dec 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/	0.75	.61	43	11.1	7.04	35	Yes	565
2/	.71	.61	43	11.5	7.11	37	Yes	565
3/	.70	.61	43	11.6	7.14	37	Yes	565
4/	.64	.61	39	11.4	7.15	35	Yes	565
5/	.59	.61	36	12.1	6.97	32	Yes	565
6/	.63	.61	38	12.3	6.94	32	Yes	565
7/	.74	.61	45	11.7	6.79	32	Yes	565
8/	.74	.61	45	11.6	7.2	38	Yes	565
9/	.80	.61	47	11.0	6.99	34	Yes	565
10/	.74	.61	45	11.0	6.98	34	Yes	565
11/	.75	.61	46	11.5	6.89	33	Yes	565
12/	.67	.61	41	11.9	7.15	35	Yes	565
13/	.74	.61	45	11.7	7.09	36	Yes	565
14/	.72	.61	44	11.5	7.15	35	Yes	565
15/	.74	.61	45	11.6	7.07	34	Yes	565
16/	.72	.61	47	11.1	6.81	33	Yes	565
17/	.78	.61	48	11.1	6.89	33	Yes	565
18/	.72	.61	44	11.1	6.84	32	Yes	565
19/	.72	.61	44	11.5	7.01	35	Yes	565
20/	.77	.61	47	11.8	6.7	31	Yes	565
21/	.78	.61	48	11.7	6.82	32	Yes	565
22/	.72	.61	44	11.5	6.91	35	Yes	565
23/	.99	.66	60	11.0	6.86	33	Yes	565
24/	.86	.61	53	11.0	6.96	35	Yes	565
25/	.74	.61	44	11.4	7.00	34	Yes	565
26/	.76	.61	46	11.7	7.23	34	Yes	565
27/	.71	.61	43	11.8	7.16	38	Yes	565
28/	.71	.61	43	11.7	7.05	35	Yes	565
29/	.70	.61	43	12.1	7.20	35	Yes	565
30/	.72	.61	42	11.8	7.00	34	Yes	565
31/	.84	.61	51	11.6	7.18	38	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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350