

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

System Name: Yon's McNamee Water Dist ID #: 4100493 WTP: AA Month/Year: January 2024

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			.027				.027
2			0.026				0.026
3			0.026				0.026
4			0.026				0.026
5			0.029				0.029
6			.027				.027
7			.027				.027
8			0.028				0.028
9			0.027				0.027
10			0.027				0.027
11			0.027				0.027
12			0.027				0.027
13			.027				.027
14			.027				.027
15			0.028				0.028
16			.030				.030
17			.031				.031
18			0.027				0.027
19			0.029				0.029
20			.036				.036
21			0.028				0.028
22			0.027				0.027
23			0.028				0.028
24			0.029				0.029
25			.033				.033
26			.029				.029
27			.030				.030
28			0.029				0.029
29			0.030				0.030
30			0.029				0.029
31			0.029				0.029

Slow Sand/Membrane/DE Filtration/Unfiltered 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	Monthly Summary (Answer Yes or 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 F Markert Jr</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>Feb 15 2024</u>
	PHONE #: <u>(541) 490-5007</u>	CERT #: <u>T-309712</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 District ID # 2110493 WTP: AA Month/Year: January 2024

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]
1/9/24	.80	61	44	11.4	7.09	34	yes	565
2/7/24	.72	61	44	11.6	7.21	38	yes	565
3/7/24	.74	61	45	11.3	6.97	35	yes	565
4/7/24	0.70	61	43	11.5	7.09	36	yes	565
5/7/24	0.78	61	48	11.4	7.63	44	yes	565
6/7/24	.74	61	45	11.2	7.50	41	yes	565
7/7/24	.77	61	47	11.0	7.34	40	yes	565
8/7/24	0.71	61	43	11.2	7.18	38	yes	565
9/7/24	0.72	61	44	11.3	7.15	38	yes	565
10/7/24	0.77	61	47	10.6	7.11	39	yes	565
11/7/24	0.69	61	42	10.9	6.84	36	yes	565
12/7/24	0.75	61	46	10.8	7.28	42	yes	565
13/7/24	0.76	61	46	10.8	6.91	37	yes	565
14/8/24	1.01	61	61	10.2	6.95	38	yes	565
15/8/24	.91	61	56	10.4	7.15	39	yes	565
16/7/24	.93	61	57	10.3	7.22	42	yes	565
17/7/24	.92	61	40	10.4	7.18	56	yes	565
18/7/24	0.92	61	56	11.0	6.87	33	yes	565
19/10/24	0.65	61	40	10.0	7.07	38	yes	565
20/7/24	1.37	61	80	10.8	6.76	37	yes	565
21/7/24	1.33	61	80	11.0	6.94	35	yes	565
22/7/24	0.90	61	55	11.3	7.45	42	yes	565
23/7/24	0.95	61	58	11.3	6.91	33	yes	565
24/7/24	0.88	61	54	10.7	7.15	40	yes	565
25/7/24	.82	61	50	11.0	7.07	34	yes	565
26/7/24	0.77	61	47	11.1	6.94	34	yes	565
27/7/24	0.80	61	49	11.3	7.19	37	yes	565
28/7/24	0.78	61	48	11.6	7.07	36	yes	565
29/7/24	0.79	61	48	11.3	6.75	32	yes	565
30/7/24	0.84	61	51	11.6	6.99	34	yes	565
31/7/24	0.83	61	51	11.7	6.84	32	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