

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

System Name: LYONS - Mahema Water Dist. ID #: 4100493 WTP: A A Month/Year: Feb 29th 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			0.029				
2			0.028				0.029
3			0.029				0.028
4			0.027				0.029
5			0.028				0.027
6			0.029				0.028
7			0.028				0.029
8			0.029				0.028
9			0.028				0.029
10			0.027				0.028
11			0.027				0.027
12			0.027				0.027
13			0.027				0.027
14			0.029				0.029
15			0.029				0.029
16			0.029				0.029
17			0.029				0.029
18			0.028				0.029
19			0.034				0.028
20			0.031				0.034
21			0.029				0.031
22			0.028				0.029
23			0.027				0.028
24			0.028				0.027
25			0.029				0.028
26			0.028				0.029
27			0.028				0.028
28			0.028				0.028
29			0.028				0.029
30			0.027				0.029
31							0.027

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary		Monthly Summary (Answer Yes or No)	
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: <u>John F Markert IV</u>	
		SIGNATURE: <u>John F Markert IV</u>	DATE: <u>Feb 29th 2024</u>
		PHONE #: <u>(541) 990-5007</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:

ID #:

WTP: AA

Month/Year:

Lyons Mehama Water District

4100493

02/2024

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]
1/747	0.86	0.61	52	11.5	6.92	34	Yes	565
2/740	0.85	0.61	52	11.4	7.16	38	Yes	565
3/9:25	0.84	.61	54	11.0	7.14	38	Yes	565
4/10:27	0.88	.61	54	10.5	7.24	42	Yes	565
5/745	0.81	.61	49	10.8	7.11	38	Yes	565
6/741	0.78	0.61	48	11.1	6.93	34	Yes	565
7/744	0.83	0.61	51	11.1	7.10	36	Yes	565
8/745	0.84	0.61	51	11.1	7.20	37	Yes	565
9/742	0.82	0.61	50	11.0	7.11	37	Yes	565
10/7:55	0.87	.61	53	10.9	6.91	37	Yes	565
11/4:41 AM	0.77	.61	47	"	7.11	37	Yes	565
12/743	0.85	0.61	52	11.1	7.19	38	Yes	565
13/741	0.84	0.61	51	10.8	7.32	43	Yes	565
14/744	0.85	0.61	52	10.6	7.18	42	Yes	565
15/800	0.80	0.61	49	10.8	7.33	43	Yes	565
16/745	0.84	0.61	51	10.9	7.13	38	Yes	565
17/7:30	0.89	.61	54	10.8	7.02	39	Yes	565
18/7:56	.88	.61	54	10.8	6.95	37	Yes	565
19/748	0.85	0.61	52	11.3	6.75	32	Yes	565
20/742	0.87	0.61	53	11.3	7.26	39	Yes	565
21/7:10 AM	0.86	.61	53	11.3	7.04	36	Yes	565
22/7:18 AM	.84	.61	54	11.3	7.03	36	Yes	565
23/7:35 AM	.84	.61	57	11.2	7.05	36	Yes	565
24/7:55 AM	.85	.61	53	11.0	7.21	39	Yes	565
25/7:45 AM	.82	.61	50	11.0	6.97	35	Yes	565
26/747	0.81	.61	49	11.1	7.05	36	Yes	565
27/743	0.87	.61	53	10.6	7.31	42	Yes	565
28/741	0.89	.61	49	10.7	7.23	40	Yes	565
29/751	0.79	.61	48	10.9	7.09	38	Yes	565
30/								
31/								

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-att-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