

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

System Name: Lyon's Mehana Water Dist ID #: 9100493 WTP: AA Month/Year: 10-2024

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			0.052				0.052
2			0.053				0.053
3			0.058				0.058
4			0.056				0.056
5			0.057				0.057
6			0.056				0.056
7			0.058				0.058
8			0.055				0.055
9			0.055				0.055
10			0.054				0.054
11			0.055				0.055
12			0.068				0.068
13			0.057				0.057
14			0.058				0.058
15			0.061				0.061
16			0.030				0.030
17			0.030				0.030
18			0.030				0.030
19			0.031				0.031
20			0.031				0.031
21			0.028				0.028
22			0.028				0.028
23			0.028				0.028
24			0.028				0.028
25			0.028				0.028
26			0.031				0.031
27			0.034				0.034
28			0.030				0.030
29			0.030				0.030
30			0.029				0.029
31			0.028				0.028

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
Notes:		PRINTED NAME: <u>John Markert</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>11-1-2024</u>
		PHONE #: <u>1503 7551-8653</u>	CERT #: <u>7-309712</u> <u>0-309712</u>

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: Luang Mehamo Water District ID #: 4100.493 WTP: AA Month/Year: Oct 2024

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]	CXT	[°C]		Use tables*	Yes / No	[GPM]
1/	0.84	61	51	13.3	6.99	29	yes	565
2/746	0.87	61	53	13.5	6.90	30	yes	565
3/738	0.84	61	51	13.2	6.83	28	yes	565
4/744	0.86	61	53	13.1	6.89	30	yes	565
5/739	0.84	61	54	12.9	6.71	30	yes	565
6/746	0.90	61	55	13.2	6.88	29	yes	565
7/747	0.96	61	59	13.5	7.71	39	yes	565
8/750	1.16	61	71	13.9	6.49	25	yes	565
9/741	0.75	61	46	13.5	6.69	27	yes	565
10/758	0.99	61	60	13.5	6.49	25	yes	565
11/740	1.05	61	64	13.7	6.67	27	yes	565
12/1012	0.94	61	60	13.4	6.84	29	yes	565
13/1010	1.00	61	61	13.5	6.64	27	yes	565
14/741	0.90	61	55	13.7	6.57	26	yes	565
15/739	0.85	61	52	13.7	6.81	28	yes	565
16/745	0.84	61	51	13.5	6.57	26	yes	565
17/743	0.88	61	54	13.4	6.60	26	yes	565
18/741	0.96	61	59	13.2	6.77	27	yes	565
19/148	0.93	61	57	13.2	7.21	34	yes	565
20/105	0.95	61	58	13.4	7.17	32	yes	565
21/743	0.90	61	55	13.7	6.61	26	yes	565
22/744	0.95	61	58	13.3	6.71	28	yes	565
23/735	0.90	61	55	13.1	6.84	28	yes	565
24/743	0.90	61	55	13.1	7.01	30	yes	565
25/742	0.84	61	51	12.9	6.62	28	yes	565
26/8112	1.04	61	65	13.3	6.83	29	yes	565
27/945	.67	61	41	13.5	7.04	30	yes	565
28/742	0.91	61	56	13.4	6.71	27	yes	565
29/748	0.85	61	52	13.2	6.67	27	yes	565
30/742	0.88	61	54	13.1	6.66	27	yes	565
31/742	0.93	61	57	12.5	6.71	29	yes	565

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

Return by 10<sup>th</sup> 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