

OHA - Drinking Water Services - Turbidity Monitoring Report Form
 Cartridge or Bag Filtration

County: Lane
 Month/Year: Jun 21

System Name: Lakeshore Rv ID# 4101001 WTP ID: _____

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	22	15	7	15	.50	
2					.50	
3					.51	
4					.51	
5					.50	
6					.50	
7					.50	
8					.50	
9					.52	
10					.49	
11					.50	
12					.51	
13					.52	
14					.52	
15					.49	
16					.48	
17					.48	
18					.47	
19					.48	
20					.48	
21					.49	
22					.47	
23					.49	
24					.49	
25					.50	
26					.50	
27					.51	
28					.48	
29					.48	
30	22	15	7	15	.48	
31					.50	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>		CT's met everyday? (see back) <u>Yes/No</u>	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes/No</u>
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Zachery Lupton</u>	
		SIGNATURE: <u>[Signature]</u> DATE: <u>2/15/21</u>	
		PHONE #: <u>(541) 997-2741</u> CERT #: _____	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.
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System Name: Lakeshore Ru Park

ID# 41 01001

Month/Year: Jan '21

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/10	1.0	40	10	10	6.7	37	Y	60
2/					6.6			
3/					6.6			
4/					6.7			
5/					6.7			
6/					6.6			
7/					6.7			
8/					6.8			
9/					6.8			
10/					6.9			
11/					6.9			
12/					7.0			
13/					7.0			
14/					7.0			
15/					6.9			
16/					6.9			
17/					6.6			
18/					6.6			
19/					6.7			
20/					6.8			
21/					6.8			
22/					6.9			
23/					7.0			
24/					7.0			
25/					6.9			
26/					6.9			
27/					6.6			
28/					6.7			
29/					6.6			
30/10	1.0	40	10	10	6.7		Y	60
31/								

² 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-cartridge.pdf

Revised August 2016

Return by 10th of following month by email, fax or mail to:
 dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350