

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

County: Leone  
 Month/Year: Feb '21

System Name: Lakeshore RV Park ID# 41 ~~01001~~ 01001 WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	22	15	7	15	.59	
2					.51	
3					.51	
4					.52	
5					.52	
6					.52	
7					.52	
8					.51	
9					.49	
10					.48	
11					.49	
12					.48	
13					.47	
14					.50	
15					.51	
16					.52	
17					.52	
18					.50	
19					.50	
20					.51	
21					.49	
22					.49	
23					.48	
24					.48	
25					.49	
26					.50	
27					.50	
28	22	15	7	<del>15</del> 15	.51	
29						
30						
31						

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	All daily turbidity readings ≤ 5 NTU? <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
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>Zackery Lupton</u>	DATE: <u>2/16/21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 997-2241</u>	

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: Feb'21

System Name: Lakeshore Ru Park		ID# 4101001		WTP				
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	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	6.6	37	Y	60
2/					6.6			
3/					6.7			
4/					6.8			
5/					6.8			
6/					6.7			
7/					6.6			
8/					6.8			
9/					7.0			
10/					7.0			
11/					6.9			
12/					6.9			
13/					6.9			
14/					6.7			
15/					6.7			
16/					6.7			
17/					6.6			
18/					6.6			
19/					6.8			
20/					6.8			
21/					6.9			
22/					7.0			
23/					7.0			
24/					6.9			
25/					6.9			
26/					6.9			
27/					6.8			
28/10	1.0	40	10	10	6.8	37	Y	60
29/								
30/								
31/								

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised August 2016  
 Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

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