

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

County: Lane
 Month/Year: Mar 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	.49	
2					.49	
3					.48	
4					.47	
5					.50	
6					.50	
7					.50	
8					.47	
9					.49	
10					.51	
11					.52	
12					.50	
13					.47	
14					.47	
15					.50	
16					.50	
17					.52	
18					.52	
19					.51	
20					.51	
21					.49	
22					.49	
23					.48	
24					.48	
25					.48	
26					.47	
27					.47	
28					.51	
29					.51	
30					.50	
31	22	15	7	15	.50	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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>Zack Lupton</u>	DATE: <u>4/8/21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 992-2741</u>	

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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OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: Mar '21

System Name: Lakeshore Rv Park ID# 41 01001 WTP

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

² If Cl₂ 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

Return by 10th 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