

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

County: Lane
 Month/Year: May '21

System Name: <u>Lakeshore RV</u>		ID# <u>4101001</u>		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					.52	
3					.52	
4					.50	
5					.49	
6					.49	
7					.49	
8					.47	
9					.50	
10					.50	
11					.51	
12					.52	
13					.49	
14					.50	
15					.50	
16					.51	
17					.48	
18					.47	
19					.47	
20					.50	
21					.51	
22					.51	
23					.49	
24					.48	
25					.47	
26					.47	
27					.50	
28					.51	
29					.51	
30					.51	
31	22	15	7	15	.52	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>	Monthly Summary (Answer Yes or No)	
	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 K Lupton</u>	
	SIGNATURE: <u>Zachery K Lupton</u>	DATE: <u>June 8 '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.

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: May '21

System Name: <u>Lakeshore Rv</u>		ID# <u>41 01001</u>		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	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
11/10	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/					6.7			
8/					6.7			
9/					6.6			
10/					6.7			
11/					7.0			
12/					7.0			
13/					6.9			
14/					6.9			
15/					6.7			
16/					6.8			
17/					6.6			
18/					6.7			
19/					6.9			
20/					6.8			
21/					6.8			
22/					7.0			
23/					7.0			
24/					6.6			
25/					6.7			
26/					6.7			
27/					7.0			
28/					7.0			
29/					7.0			
30/					6.9			
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.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350