

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Jul 8 '21

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

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
<p>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.</p>		PRINTED NAME: <u>Zachery K Lyson</u>	DATE: <u>Aug 8 '21</u>
		SIGNATURE: <u>Zachery K Lyson</u>	CERT #:
		PHONE #: <u>(541) 997-2741</u>	

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.

ORCA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: July '2

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	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	7.0	37	Y	60
2/	1.0				7.0			
3/					6.8			
4/					6.7			
5/					6.7			
6/					6.6			
7/					6.6			
8/					6.9			
9/					7.0			
10/					7.0			
11/					6.8			
12/					6.9			
13/					6.9			
14/					6.6			
15/					6.7			
16/					6.8			
17/					7.0			
18/					7.0			
19/					7.0			
20/					6.9			
21/					6.9			
22/					6.6			
23/					6.7			
24/					6.6			
25/					6.6			
26/					6.8			
27/					6.9			
28/					7.0			
29/					7.0			
30/					6.9			
31/10	1.0	40	10	10	6.8	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