

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE
 Month/Year: AUG. 2021

Cartridge or Bag Filtration

System Name: LAKESHORE RV PARK 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	.55	SAME
2					.54	
3					.54	
4					.54	
5					.55	
6					.56	
7					.49	
8					.50	
9					.51	
10					.52	
11					.54	
12					.54	
13					.53	
14					.53	
15					.54	
16					.54	
17					.52	
18					.51	
19					.50	
20					.50	
21					.53	
22					.56	
23					.54	
24					.53	
25					.54	
26					.55	
27					.52	
28					.54	
29					.49	
30					.48	
31	22	15	7	15	.52	SAME

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <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 ₂ 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>EARL J. LUPTON</u>	
		SIGNATURE: <u>Earl J. Lupton</u>	DATE: <u>9/10/2021</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: Aug. 2021

System Name: <u>LAKE SHORE RV PARK</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]
1:10:00	1.0	40	40	10	7.0	37	Y	60
2/	1.0	40	40	10	7.0	37	Y	
3/	1.0	40	40	10	6.9	37	Y	
4/	1.0	40	40	10	6.9	37	Y	
5/	1.0	40	40	10	7.0	37	Y	
6/	1.0	40	40	10	7.0	37	Y	
7/	1.0	40	40	10	6.8	37	Y	
8/	1.0	40	40	10	6.9	37	Y	
9/	1.0	40	40	10	7.0	37	Y	
10/	1.0	40	40	10	7.0	37	Y	
11/	1.0	40	40	10	6.9	37	Y	
12/	1.0	40	40	10	6.9	37	Y	
13/	1.0	40	40	10	6.9	37	Y	
14/	1.0	40	40	10	6.9	37	Y	
15/	1.0	40	40	10	7.0	37	Y	
16/	1.0	40	40	10	7.0	37	Y	
17/	1.0	40	40	10	7.0	37	Y	
18/	1.0	40	40	10	6.9	37	Y	
19/	1.0	40	40	10	6.9	37	Y	
20/	1.0	40	40	10	6.8	37	Y	
21/	1.0	40	40	10	6.8	37	Y	
22/	1.0	40	40	10	7.0	37	Y	
23/	1.0	40	40	10	7.0	37	Y	
24/	1.0	40	40	10	7.0	37	Y	
25/	1.0	40	40	10	6.9	37	Y	
26/	1.0	40	40	10	6.9	37	Y	
27/	1.0	40	40	10	6.9	37	Y	
28/	1.0	40	40	10	7.0	37	Y	
29/	1.0	40	40	10	7.0	37	Y	
30/	1.0	40	40	10	7.0	37	Y	
31:10:00	1.0	40	40	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