

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE

Cartridge or Bag Filtration

Month/Year: SEPT. 2021

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	24	15	9	15	.53	SAME
2					.53	
3					.53	
4					.54	
5					.52	
6					.52	
7					.52	
8					.54	
9					.55	
10					.56	
11					.56	
12					.57	
13					.56	
14					.55	
15					.54	
16					.56	
17					.56	
18					.56	
19					.55	
20					.57	
21					.57	
22					.57	
23					.56	
24					.54	
25					.55	
26					.56	
27					.53	
28					.56	
29					.56	
30	24	15	9	15	.56	SAME
31						

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 All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? <small>(see back)</small> <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><i>Earl J. Lupton</i></u>	DATE: <u>10/6/2021</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: SEPT. 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	6.8	37	Y	60
2/	1.0	40	40	10	7.0	37	Y	
3/	1.0	40	40	10	6.8	37	Y	
4/	1.0	40	40	10	6.8	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	7.0	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	7.0	37	Y	
12/	1.0	40	40	10	7.0	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	6.8	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	7.0	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	7.0	37	Y	
27/	1.0	40	40	10	7.0	37	Y	
28/	1.0	40	40	10	7.0	37	Y	
29/	1.0	40	40	10	7.0	37	Y	
30 11:00	1.0	40	40	10	6.9	37	Y	60
31/	—	—	—	—	—	—	—	—

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