

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: LANE

Cartridge or Bag Filtration

Month/Year: OCT. 2021

| System Name: <u>LAKEHORE RV PARK</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 | 24 | 15 | 9 | 15 | .56 | SAME |
| 2 | | | | | .55 | |
| 3 | | | | | .55 | |
| 4 | | | | | .57 | |
| 5 | | | | | .54 | |
| 6 | | | | | .54 | |
| 7 | | | | | .54 | |
| 8 | | | | | .55 | |
| 9 | | | | | .55 | |
| 10 | | | | | .54 | |
| 11 | | | | | .52 | |
| 12 | | | | | .52 | |
| 13 | | | | | .53 | |
| 14 | | | | | .52 | |
| 15 | | | | | .54 | |
| 16 | | | | | .57 | |
| 17 | | | | | .57 | |
| 18 | | | | | .58 | |
| 19 | | | | | .57 | |
| 20 | | | | | .56 | |
| 21 | | | | | .56 | |
| 22 | | | | | .57 | |
| 23 | | | | | .56 | |
| 24 | | | | | .55 | |
| 25 | | | | | .56 | |
| 26 | | | | | .58 | |
| 27 | | | | | .55 | |
| 28 | | | | | .57 | |
| 29 | | | | | .57 | |
| 30 | | | | | .56 | |
| 31 | 24 | 15 | 9 | 15 | .56 | SAME |

| 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? (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>11/9/2021</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: OCT. 2021

| System Name: <u>LAKESHORE RV PARK</u> | | ID# <u>4101001</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 | 6.9 | 37 | Y | 40 |
| 2 / | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 3 / | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 4 / | 1.0 | 40 | 40 | 10 | 7.0 | 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 | 7.0 | 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 | 7.0 | 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 | 6.9 | 37 | Y | |
| 18 / | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 19 / | 1.0 | 40 | 40 | 10 | 7.0 | 37 | Y | |
| 20 / | 1.0 | 40 | 40 | 10 | 7.0 | 37 | Y | |
| 21 / | 1.0 | 40 | 40 | 10 | 6.9 | 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 | 6.9 | 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 | 7.0 | 37 | Y | |
| 28 / | 1.0 | 40 | 40 | 10 | 7.0 | 37 | Y | |
| 29 / | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 30 / | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 31 / 10:00 | 1.0 | 40 | 40 | 10 | 7.0 | 37 | Y | 40 |

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