1	n Name: LAKE	Cartridge or	1010				onth/Year:	ZOZI
DAY	PSI Before	T AV FR	IKK	1	D# 4101001	WTP ID:		
1	Filter	PSI After Filter	F	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading o the Day <sup>1</sup> [NTU]	
2	1	15	11		15	157	SAME	
3				1	(	155	1	IME
4			Line			156		
5						156	-	1
6						,57		-
7		195	2.621			152		
						.54		
8								
9						.56		
10						.57		-
11						,57		18
12			/			.58		-
13						.58		
14		1				.60		
15	1					.57		
16						.57		1 1 2 2
17						.55		1 152
18	1					.54		1
19						.60	and the second line second	01
20			1			.60		
21						.58		
22						.58		1
						.57		1
23						.57		
24			-			.56		1
25						.57		
26			. [			.58		
27			1			.55		
28			1					
29	V		1		V	.55		-
	26	15	11		15	.56		1. 18
31				15		.59	SAU	ME
ridge Filtra	ation							1. 12.
thly Sumn		1			Monthly Sur	nmary (Answer )	(es or No)	
of daily tur ily turbidity	bidity readings ≤ 1 / readings ≤ 5 NTU	NTU? (Yes)/ No ? Yes/ No	0	(	net everyday? See back) Yes / No	All Cl <sub>2</sub> residual a	tentry poir Yes/ No	nt ≥ 0.2 mg
PSID = p	ounds per square ounds per square fter filter)	inch e inch difference (b	efore	PRINTED	NAME: EAR	L. J. L	UPTO	N
PSID Wh	en to Change Filt endation; may nee	er = Manufacturer's d to look in manua	I for I	SIGNATU	RE: Earof	Futin	DATE: 12/8/202	
manufac	turer's specificati at what PSID.	ons when to chang	je	PHONE #	(541) 99	/	CERT #:	

OHA - Drinking Water Services – Turbidity Monitoring Report Form

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum. PAGE 1 of 2

1

System N	(me part la Card	HORE R	V PAR	PARK 10/00/				Month/Year: NoV. 2021		
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp	1	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Houri Demand Flow [GPM]		
				[° C]						
1/10:00	1.0	40	40	10	7.0	37	V	60		
21	1.0	40	40	10	6.9	37	Y			
3/	1.0	HO	40	10	6.9	37	ý	1 1		
41	1.0	40	40	10	7.0	37	Y			
5/	1.0	40	4/2	10	7.0	37	V			
6/	1.0	40	40	10	7.0	37				
71	1.0	40	40	10-	7.0	37	ý	TRU		
8/	1.0	40	40	10	6.9	37	Y	Tr D		
9/	1.0	40	40	10	6.9	37	Ý			
10/	1.0	40	40	10	6.8	37	Ý I			
11/	1.0	40	40	10	7.0	37	ý l			
12/	1.0	40	40	10	7.0	37	Y	1-1-1		
13/	1.0	40	40	10	7.0	37	Y			
14 /	1.0	40	-40	10	6.8	37	ý			
15/	1.0	40	40	10	6.8	37	Y	1.1.1		
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	69	37	Y			
19/	1.0	40	40	10	6.9	37	Y			
0 /	1.0	40	40	10	6.9	37	Y	1.22		
1/	1.0	40	40	10	6.9	37	Y			
2/	1.0	40	40	10	7.0	37	Y			
3/	1.0	40	40	10	7.0	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	6.9	37	Y			
87	1.0	40	40	10	6.9	37	Y	1		
11	1.0	40	40	10	6.9	37	Y	1		
110:00	1.0	40	40		7.0	37	V	60		
1-										

## OHA - Drinking Water Services – Surface Water Quality Data Form

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. <u>Revised August</u> Download form at: <u>public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf</u> **Revised August 2016** 

Return by 10<sup>th</sup> of following month by email, fax or mail to: <u>dwp.dmce@state.or.us;</u> Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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