OHA - Drinking Water Services – Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: LANE

Month/Year: FEB 2022

System Name: LAKESHORE RV PARK ID# 41 01001 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	27	17	10	15	.55	SAME
2					.57	
3					.57	
4					.60	
5					.61	
6					.60	
7					.59	
8					.60	
9					.59	
10					.30	
11					.31	
12					.32	
13					.27	
14					.31	
15					.29	
16					.29	
17					.30	
18					.29	
19					.34	
20					.32	
21					.34	
22					.31	
23					.27	
24					.28	
25					.28	
26					.27	
27					.29	
28	27	17	10	15	.30	SAME
29	—	—	—	—	—	—
30	—	—	—	—	—	—
31	—	—	—	—	—	—

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? (Yes) / No
All daily turbidity readings ≤ 5 NTU? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residual at entry point ≥ 0.2 mg/l? (Yes) / 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: EARL J. LUPTON

SIGNATURE: Earl J Lupton DATE: 3/5/2022

PHONE #: (541) 997-2741 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: FEB. 2022

System Name: LAKESHORE RV PARK ID# 41 01001 WTP

Date / Time	Minimum Cl_2 Residual at 1st 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	6.9	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	6.8	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	6.8	37	Y	
14 /	1.0	40	40	10	6.8	37	Y	
15 /	1.0	40	40	10	6.8	37	Y	
16 /	1.0	40	40	10	6.9	37	Y	
17 /	1.0	40	40	10	6.9	37	Y	
18 /	1.0	40	40	10	7.0	37	Y	
19 /	1.0	40	40	10	6.8	37	Y	
20 /	1.0	40	40	10	7.0	37	Y	
21 /	1.0	40	40	10	7.0	37	Y	
22 /	1.0	40	40	10	6.9	37	Y	
23 /	1.0	40	40	10	6.9	37	Y	
24 /	1.0	40	40	10	7.0	37	Y	
25 /	1.0	40	40	10	7.0	37	Y	
26 /	1.0	40	40	10	7.0	37	Y	
27 /	1.0	40	40	10	6.8	37	Y	
28 / 10:00	1.0	40	40	10	6.9	37	Y	60
29 / —	—	—	—	—	—	—	—	—
30 / —	—	—	—	—	—	—	—	—
31 / —	—	—	—	—	—	—	—	—

[2] If Cl_2 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