OHA - Drinking Water Services - Turbidity Monitoring Report Form Cartridge or Bag Filtration

County: (A)
Month/Year: Math

System	Name: LAKE	ESHORE RV	PARK	ID# 410/00/	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	1.5	-31	IN SHORE
2	ay a decade				. 32	
3	1 -				. 33	
4	1				34	
5	N. Comments				,34	
6					031	
7	1	The state of the			130.	
8	1				031	
9					030	
10					131	
11		4/		and the second second second second second		
12					32	
13	3				.34	
14	4				,24	
15		-			.30	
16			- Andrews		.32	
17		-9-			.34	-
18					.34	
19					.32	
20					,32	
21	-				.30	
22					.30	
23					:35	
24					.32	
25				A-Similar I	.31	
26					.32	
27			/		.33	
28	4 4			+	.33	
29	1			7	.31	
30	3 1		1		.30	1
31	27	17	10	15	.35	Same

Cartridge Filtration Monthly Summary	Monthly Summary (Answer Yes or No)			
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU? Yes / No	CT's met everyday? (see-back) Yes / No	All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes No		
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before	PRINTED NAME: EARL LUPTON			
filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for	SIGNATURE: SarO	talon DATE:4/7/2022		
manufacturer's specifications when to change the filter, at what PSID.	PHONE #: (54/) 99	7-274 CERT#:		

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

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: MAK-1 2002

System N	ame: LAKESH	FORE RV	PARK	N MR III	ID# 41 (2)	1001	WTP	1124
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pН	Required CT	CT Met? ²	Peak Hourly Demand Flow
1,500	[ppm or mg/L]	[minutes]	CXT	[° C]	and the second	Use tables	Yes / No	[GPM]
1:1/0:00	1.0	40	40	10	6.9	37	V-	60
2/	120	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	6.9	37		
6/	1.0	40	40	10	7.0	37	Y	
71	1.0	40	40	10	7.0	37	4	1-1
8/	1.0	40	40	10	7.0	37	У.	
9/	1.0	40	40	10	7.0	37	ý	
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	7.0	37	y	
14/	1.0	40	40	10	6.9	37	y	
15/	1.0	40	40	10	6.9	37	l y	
16/	1-0	40	40	10	6.9	37	Y	4.1.1
17/	1.0	40	40	10	7.0	37	4	
18/	1.0	40	40	10	7.0	37	у	
19/	1.0	40	40	10	6.9	37	y	
20 /	1.0	40	40	10	6.9	37	Y	
21 /	1.0	40	40	10	6.8	37	У	
22 /	1.0	40	40	10	7.0	37	Ÿ	
23 /	1.0	40	40	10	7.0	37	У	
24 /	1.0	40	40	10	6.9	37	У	
25 /	100	40	40	10	7.0	37	Y	
26 /	1.0	40	40	10	6.9	37	У	
27/	1.0	40	40	10	7.0	37	У	
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	6.9	37	4	
31/10:00	1.0	40	40	10	7.0	37	У	60

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Download form at: 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

OHA - Drinking Water Bervices - Teroldity Monitoring Report Form

Month/Year: