

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE

Cartridge or Bag Filtration

Month/Year: APRIL 2022

| 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 | .34 | SAME |
| 2 | | | | | .30 | |
| 3 | | | | | .30 | |
| 4 | | | | | .31 | |
| 5 | | | | | .30 | |
| 6 | | | | | .34 | |
| 7 | | | | | .33 | |
| 8 | | | | | .36 | |
| 9 | | | | | .30 | |
| 10 | | | | | .30 | |
| 11 | | | | | .32 | |
| 12 | | | | | .32 | |
| 13 | | | | | .34 | |
| 14 | | | | | .31 | |
| 15 | | | | | .31 | |
| 16 | | | | | .34 | |
| 17 | | | | | .33 | |
| 18 | | | | | .33 | |
| 19 | | | | | .30 | |
| 20 | | | | | .30 | |
| 21 | | | | | .32 | |
| 22 | | | | | .36 | |
| 23 | | | | | .34 | |
| 24 | | | | | .34 | |
| 25 | | | | | .31 | |
| 26 | | | | | .32 | |
| 27 | | | | | .34 | |
| 28 | | | | | .34 | |
| 29 | | | | | .31 | |
| 30 | 27 | 17 | 10 | 15 | .32 | |
| 31 | | | | | | |

| | |
|--|---|
| <p>Cartridge Filtration Monthly Summary</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>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.</p> | <p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> |
| <p>PRINTED NAME: <u>EARL J. LUPTON</u></p> <p>SIGNATURE: <u>Earl J. Lupton</u></p> <p>PHONE #: <u>(541) 997-2741</u></p> | <p>DATE: <u>5/5/2022</u></p> <p>CERT #:</p> |

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

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OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: APRIL 2022

| System Name: <u>LAKE SHORE 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] |
| 11/10/00 | 1.0 | 40 | 40 | 10 | 7.0 | 37 | Y | 600 |
| 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 | 6.8 | 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 | 6.8 | 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 | 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 | 6.8 | 37 | Y | |
| 23/ | 1.0 | 40 | 40 | 10 | 6.8 | 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 | 7.0 | 37 | Y | |
| 28/ | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 29/ | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | |
| 30/1000 | 1.0 | 40 | 40 | 10 | 6.9 | 37 | Y | 600 |
| 31/ | — | — | — | — | — | — | Y | — |

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 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.dws@state.or.us; Fax 971-873-0894, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350
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