

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: LANE  
 Month/Year: JUNE 2022

Cartridge or Bag Filtration

System Name: LAKEHORE RU PARK ID# 4101001 WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	27	17	10	15	.32	SAME
2			10		.32	
3					.32	
4					.34	
5					.32	
6					.33	
7					.31	
8					.31	
9					.32	
10					.34	
11					.33	
12					.31	
13					.32	
14					.33	
15					.32	
16					.35	
17					.30	
18					.35	
19					.34	
20					.33	
21					.32	
22					.34	
23					.34	
24					.32	
25					.32	
26					.34	
27					.32	
28					.33	
29					.33	
30	27	17	10	15	.34	SAME
31						

<b>Cartridge Filtration Monthly Summary</b> 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		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
<b>Notes:</b> 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>7/6/2022</u>
		PHONE #: <u>(541) 997-2741</u>	CERT #:

<sup>1</sup> 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: JUNE 2022

System Name: <u>LAKE SHORE RV PARK</u>		ID# <u>4101001</u>		WTP				
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 11:00	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	6.8	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	6.9	37	Y	
7 /	1.0	40	40	10	6.9	37	Y	
8 /	1.0	40	40	10	6.9	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	7.0	37	Y	
12 /	1.0	40	40	10	7.0	37	Y	
13 /	1.0	40	40	10	6.9	37	Y	
14 /	1.0	40	40	10	6.9	37	Y	
15 /	1.0	40	40	10	6.9	37	Y	
16 /	1.0	40	40	10	6.9	37	Y	
17 /	1.0	40	40	10	7.0	37	Y	
18 /	1.0	40	40	10	6.8	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	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	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 11:00	1.0	40	40	10	6.9	37	Y	60
31 / -	-	-	-	-	-	-	-	-

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Return by 10<sup>th</sup> of following month by email, fax or mail to:

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350