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

County: Month/Year: Bub.

System Name: LAKESHORE RV PARK ID# 41 0 001					Month/Year: 2022 WTP ID:		
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading the Day <sup>1</sup> [NTU]	
1	27	17	10	15	.33	Soms	
2	The Control of the Co	1		1	.34		
3				-	.32		
4				Maria Para	-034		
5			1		.34		
6					.35		
7					,33		
8					.34	3,18	
9					.32		
10					.33		
11					.34		
12				The state of the s	.35	and a strong law areas	
13				1-1-1	.35	1	
14	7				.36	1 128	
15	p				.72		
16	-				,32	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
17					.30		
18			41/		,34	11	
19			1		.33		
20					.33	- G1	
21					.34		
22		-			.35	1 2	
23					.30	1	
24		1			.34	1 17	
25		La La	2 22		.32		
26		1 3 1 3	- 12	1	,32		
27			11 22	120 200	,33		
28					.34	1 1	
29				1 2 4	,32	1 1 1 1 1 1 1 1	
				and the second of the second	,32	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30	27	17	10	15	,31	SAME	

Cartridge Filtration	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 Cl <sub>2</sub> residua	l 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 A LUPTON				
filter – after filter)	SIGNATURE: ENO	Lefton	DATE: 9/10/2022		
recommendation; may need to look in manual for 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.

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

System N	The De		20 PAR	K	ID# 41 0 00 1			WTP	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( <b>C</b> ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? <sup>2</sup>	Peak Hour Demand Flow	
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]	
1/10:00	2.0	12	24	20	7.0	21	4	5	
2/	2.0	-12	24	20	6.8	21	У	5	
3/	2.0	12	24	20	6.8	21	Y	5	
4/	2.0	12	24	20	7.0	21	У	5	
5/	2.0	12	24	20	7.0	21	Y	5	
6/	2.0	12	24	20	7.0	-21	4	5	
71	2.0	12	24	20	10.8	21	Y	5	
8/	2.0	12	24	20	6.9	21	Y	5	
9/	2.0	12	24	20	6.9	21	Y	5	
10 /	2.0	12	24	20	6.9	21	У	S	
11/	2.0	12 .	24	20	7.0	21	Y	5	
12/	2.0	12	24	20	7.0	-21	Y	5	
13/	2.0	12	24	20	7.0	21	Y	5	
14 /	2.0	12	24	20	7.0	21	Y	5	
15/	2.0	12	24	20	7.0	21	Y	5	
16/	2.0	12	24	20	7.0	21	Y	5	
17/	2.0	12	24	20	7.0	21	Y	5	
18/	2.0	12	24	20	6.9	- 21	Y	5	
19/	2.0	12	24	20	6.9	21	Y	5	
20/	2.0	12	24	20	6.9	21	Y	5	
21/	2.0	12	24	20	6.9	21	Y	5	
22 /	2.0	12	24	20	7.0	21	Y	5	
23 /	2.0	12	24	20	7.0	21	Y	5	
24/	2.0	12	24	20	7.0	21	Y	5	
25 /	2.0	12	24	20	7.0	21	Y	5	
26 /	2.0	12	24	20	7.0	21	Y	5	
27/	2.0	12	24	20	7.0	21	Y	5	
28 /	2.0	12	24	20	6.9	21	Y	5	
29/	2.0	12	24		6.9	21	Y	5	
30 /	2.0	12	24	20	6.8	21	Y	5	
31/10:00	2.0	12	24	20	6.8	21	Y	5	

<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 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf Revised August 2016

Return by 10<sup>th</sup> 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