

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: LANE

Month/Year: SEPT 2022

Cartridge or Bag Filtration

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	.34	SAME
2					.31	
3					.33	
4					.34	
5					.32	
6					.33	
7					.30	
8					.30	
9					.30	
10					.31	
11					.32	
12					.33	
13					.33	
14					.31	
15					.32	
16					.34	
17					.35	
18					.34	
19					.32	
20					.32	
21					.35	
22					.35	
23					.35	
24					.35	
25					.32	
26					.34	
27					.34	
28					.34	
29					.34	
30	27	17	10	15	.35	SAME
31	—	—	—	—	—	—

Cartridge Filtration Monthly Summary 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	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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: <u>EARL LUPTON</u>	
	SIGNATURE: <u>Earl Lupton</u>	DATE: <u>10/7/22</u>
	PHONE #: <u>(541) 997-2741</u>	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.
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OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: SEPT. 2022

System Name: <u>LAKE SHORE RV PARK</u>		ID# <u>41 01001</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]
1/1000	2.0	12	24	20	6.8	21	Y	5
2/	2.0	12	24	20	6.8	21	Y	5
3/	2.0	12	24	20	6.8	21	Y	5
4/	2.0	12	24	20	7.0	21	Y	5
5/	2.0	12	24	20	7.0	21	Y	5
6/	2.0	12	24	20	7.0	21	Y	5
7/	2.0	12	24	20	6.9	21	Y	5
8/	2.0	12	24	20	7.0	21	Y	5
9/	2.0	12	24	20	6.8	21	Y	5
10/	2.0	12	24	20	7.0	21	Y	5
11/	2.0	12	24	20	7.0	21	Y	5
12/	2.0	12	24	20	6.9	21	Y	5
13/	2.0	12	24	20	6.9	21	Y	5
14/	2.0	12	24	20	6.9	21	Y	5
15/	2.0	12	24	20	6.9	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	7.0	21	Y	5
19/	2.0	12	24	20	7.0	21	Y	5
20/	2.0	12	24	20	6.9	21	Y	5
21/	2.0	12	24	20	7.0	21	Y	5
22/	2.0	12	24	20	6.9	21	Y	5
23/	2.0	12	24	20	6.9	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	20	6.9	21	Y	5
30/1000	2.0	12	24	20	7.0	21	Y	5
31/	—	—	—	—	—	—	—	—

² If Cl₂ 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