

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

County: LANE
 Month/Year: OCT. 2022

System Name: <u>LAKE SHORE RV PARK</u>		ID# <u>41 01001</u>	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	28	18	10	15	.35	
2					.36	
3					.34	
4					.34	
5					.34	
6					.34	
7					.34	
8					.34	
9					.34	
10					.34	
11					.35	
12					.35	
13					.32	
14					.32	
15					.34	
16					.32	
17					.32	
18					.32	
19					.34	
20					.33	
21					.34	
22					.32	
23					.31	
24					.32	
25					.34	
26					.35	
27					.34	
28					.35	
29					.35	
30					.35	
31	28	18	10	15	.35	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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 J. LUPTON</u>	DATE: <u>11/7/22</u>
		SIGNATURE: <u>Earl J. Lupton</u>	CERT #:
		PHONE #: <u>(541) 997-2741</u>	

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: Oct. 2022

System Name: <u>LAKE SHORE R.V.</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]
1/10/00	2.0	12	24	20	7.0	21	Y	5
2/	2.0	12	24	20	6.8	21	Y	
3/	2.0	12	24	20	6.8	21	Y	
4/	2.0	12	24	20	7.0	21	Y	
5/	2.0	12	24	20	7.0	21	Y	
6/	2.0	12	24	20	7.0	21	Y	
7/	2.0	12	24	20	7.0	21	Y	
8/	2.0	12	24	20	7.0	21	Y	
9/	2.0	12	24	20	7.0	21	Y	
10/	.6	65	39	15	6.9	24	Y	
11/	.6	65	39	15	6.9	24	Y	
12/	.6	65	39	15	6.9	24	Y	
13/	.6	65	39	15	7.0	24	Y	
14/	.6	65	39	15	7.0	24	Y	
15/	.6	65	39	15	7.0	24	Y	
16/	.6	65	39	15	7.0	24	Y	
17/	.6	65	39	15	7.0	24	Y	
18/	.6	65	39	15	7.0	24	Y	
19/	.6	65	39	15	6.9	24	Y	
20/	.6	65	39	15	6.9	24	Y	
21/	.6	65	39	15	6.9	24	Y	
22/	.6	65	39	15	7.0	24	Y	
23/	.6	65	39	15	6.9	24	Y	
24/	.6	65	39	15	7.0	24	Y	
25/	.6	65	39	15	7.0	24	Y	
26/	.6	65	39	15	6.9	24	Y	
27/	.6	65	39	15	7.0	24	Y	
28/	.6	65	39	15	7.0	24	Y	
29/	.6	65	39	15	7.0	24	Y	
30/	.6	65	39	15	6.9	24	Y	
31/1000	.6	65	39	15	6.9	24	Y	5

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