

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE

Month/Year: NOV 2022

Cartridge or Bag Filtration

| 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 | SAME |
| 2 | | | | | .33 | |
| 3 | | | | | .33 | |
| 4 | | | | | .31 | |
| 5 | | | | | .34 | |
| 6 | | | | | .34 | |
| 7 | | | | | .35 | |
| 8 | | | | | .34 | |
| 9 | | | | | .35 | |
| 10 | | | | | .35 | |
| 11 | | | | | .34 | |
| 12 | | | | | .32 | |
| 13 | | | | | .32 | |
| 14 | | | | | .36 | |
| 15 | | | | | .36 | |
| 16 | | | | | .34 | |
| 17 | | | | | .34 | |
| 18 | | | | | .35 | |
| 19 | | | | | .34 | |
| 20 | | | | | .33 | |
| 21 | | | | | .32 | |
| 22 | | | | | .33 | |
| 23 | | | | | .32 | |
| 24 | | | | | .32 | |
| 25 | | | | | .34 | |
| 26 | | | | | .35 | |
| 27 | | | | | .36 | |
| 28 | | | | | .36 | |
| 29 | | | | | .34 | |
| 30 | 28 | 18 | 10 | 15 | .34 | |
| 31 | | | | | | |

| Cartridge Filtration Monthly Summary | Monthly Summary (Answer Yes or No) | |
|---|---|--|
| 95% of daily turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>12/8/22</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.

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: NOV 2022

System Name: LAKE SHORE RV PARK ID# 4101001 WTP

| Date / Time | Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L] | Contact Time (T) [minutes] | Actual CT C X T | Temp [° C] | pH | Required CT Use tables | CT Met? ² | | Peak Hourly Demand Flow [GPM] |
|-------------|--|-------------------------------|--------------------|---------------|-----|---------------------------|----------------------|----|----------------------------------|
| | | | | | | | Yes | No | |
| 1 / 10:00 | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | 5 |
| 2 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 3 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 4 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 5 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 6 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 7 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 8 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 9 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 10 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 11 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 12 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 13 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 14 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 15 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 16 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 17 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 18 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 19 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 20 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 21 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 22 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 23 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 24 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 25 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 26 / | .8 | 65 | 52 | 10 | 6.9 | 37 | Y | | |
| 27 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 28 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 29 / | .8 | 65 | 52 | 10 | 7.0 | 37 | Y | | |
| 30 / 10:00 | .8 | 65 | 52 | 10 | 7.0 | 37 | 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