

OHA - Drinking Water Services – Turbidity Monitoring Report Form

Cartridge or Bag Filtration

 County: LANE

 Month/Year: DEC 2022

System Name: <u>LAKEHORE RV PARK</u>		ID# <u>4101001</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	<u>28</u>	<u>18</u>	<u>10</u>	<u>15</u>	<u>.35</u>	<u>SAME</u>
2					<u>.36</u>	
3					<u>.35</u>	
4					<u>.37</u>	
5					<u>.37</u>	
6					<u>.38</u>	
7					<u>.37</u>	
8					<u>.36</u>	
9					<u>.35</u>	
10					<u>.36</u>	
11					<u>.34</u>	
12					<u>.34</u>	
13					<u>.35</u>	
14					<u>.35</u>	
15					<u>.36</u>	
16					<u>.37</u>	
17					<u>.34</u>	
18					<u>.34</u>	
19					<u>.32</u>	
20					<u>.36</u>	
21					<u>.35</u>	
22					<u>.35</u>	
23					<u>.33</u>	
24					<u>.33</u>	
25					<u>.32</u>	
26					<u>.32</u>	
27					<u>.35</u>	
28					<u>.35</u>	
29					<u>.34</u>	
30					<u>.32</u>	
31	<u>28</u>	<u>18</u>	<u>10</u>	<u>15</u>	<u>.33</u>	

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 S. LUPTON</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1/5/2022</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: DEC 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	.8	65	52	10	7.0	37	Y	5
2 /	.8	65	52	10	7.0	37	Y	
3 /	.8	65	52	10	6.9	37	Y	
4 /	.8	65	52	10	6.9	37	Y	
5 /	.8	65	52	10	6.9	37	Y	
6 /	.8	65	52	10	7.0	37	Y	
7 /	.8	65	52	10	6.8	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	6.9	37	Y	
11 /	.8	65	52	10	6.8	37	Y	
12 /	.8	65	52	10	7.0	37	Y	
13 /	.8	65	52	10	7.0	37	Y	
14 /	.8	65	52	10	6.9	37	Y	
15 /	.8	65	52	10	6.9	37	Y	
16 /	.8	65	52	10	6.9	37	Y	
17 /	.8	65	52	10	6.9	37	Y	
18 /	.8	65	52	10	7.0	37	Y	
19 /	.8	65	52	10	7.0	37	Y	
20 /	.8	65	52	10	7.0	37	Y	
21 /	.8	65	52	10	7.0	37	Y	
22 /	.8	65	52	10	7.0	37	Y	
23 /	.8	65	52	10	6.9	37	Y	
24 /	.8	65	52	10	6.8	37	Y	
25 /	.8	65	52	10	6.8	37	Y	
26 /	.8	65	52	10	6.8	37	Y	
27 /	.8	65	52	10	7.0	37	Y	
28 /	.8	65	52	10	6.9	37	Y	
29 /	.8	65	52	10	6.9	37	Y	
30 /	.8	65	52	10	6.9	37	Y	
31 / 1000	.8	65	52	10	7.0	37	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