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

County: Month/Year: LANE JAN 2023

WTP ID: System Name: LAKESHORE RV PARK ID# 41 01001 Highest Reading of Daily Turbidity PSID When to PSI Before DAY Reading the Day 1 PSI After Filter **PSID** Change Filter Filter [NTU] [NTU] .36 28 8 SAME 1 .35 2 3 4 5 .36 6 7 .36 8 .35 9 .34 10 ,35 11 .35 12 -34 13 .34 14 .37 15 . 37 .38 16 17 . 38 18 .38 19 .38 20 .35 21 .35 22 .34 23 .36 24 .37 25 .36 26 .36 27 .35 28 ,34 29 .37 30 .37 18 28 31 10 .37

Cartridge Filtration Monthly Summary	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 ₂ residual	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 J. LUPTON				
filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for	SIGNATURE: Earl	DATE: 2/2/2023			
manufacturer's specifications when to change the filter, at what PSID.	PHONE #: (541) 99	7-2741	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.

OHA - Drinking Water Services - Surface Water Quality Data Form

System N	ame: LAKESH	ORE RV	PARK	ID# 41 (5) 006			Month/Year: Design	
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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1000	, 8	65	52	10	6.8	37	4	5
2/	.8	65	52	10	6.9	37	Y	
3/	.8	65	52	10	6.8	37	Y	
4/	28	65	52	10	7.0	37	У	
5/	, 8	105	52	10	7.0	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	6.8	37	Y	
9/	8.	65	52	10	6.2	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	У	
13 /	8.	65	52	10	7.0	37	У	
14 /	-8	65	52	10	7.0	37	Ý	
15/	.8	65	52	10	7.0	37	Y	
16 /	.8	45	52	10	6.9	37	Y	
17/	.8	65	52	10	6.8	37	У	
18 /	.8	65	52	10	6.8	37	Y	
19/	.8	65	52	10	7.0	37	y	
20 /	.8	65	52	10	7.0	37	У	
21/	,8	65	52	10	6.9	37	Y	
22 /	.8	65	52	10	6.9	37	Y	
23 /	.8	65	52	10	6.9	37	Y	
24/	.8	65	52	10	6.9	37	Y	
25 /	.8	65	52	10	7.0	37	Y	
26 /	.8	65	52	10	7.0	37	ý	
27 /	.8	65	52	10	6.8	37	Y	
28 /	,8	65	52	10	6.8	37	Y	
29 /	.8	65	52	10	6.9	37	Ч	
30 /	.8	65	52	10	7.0	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 November 2022 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:

<u>dwp.dmce@oha.oregon.gov</u>; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350