

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: LANE

Cartridge or Bag Filtration

Month/Year: FEB 2023

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

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> 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
<p>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.</p>		PRINTED NAME: <u>EARL J. LUPTON</u>	
		SIGNATURE: <u>Earl J. Lupton</u>	DATE: <u>3/9/2023</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: FEB. 2023

System Name: LAKE SHORE RV PARK		ID# 41 01001		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	6.9	37	Y	5
2/	.8	65	52	10	6.9	37	Y	
3/	.8	65	52	10	6.9	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	6.9	37	Y	
8/	.8	65	52	10	6.9	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	7.0	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	7.0	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	7.0	37	Y	
18/	.8	65	52	10	7.0	37	Y	
19/	.8	65	52	10	6.8	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	6.9	37	Y	
25/	.8	65	52	10	6.8	37	Y	
26/	.8	65	52	10	7.0	37	Y	
27/	.8	65	52	10	6.9	37	Y	
28/1000	.8	65	52	10	7.0	37	Y	5
29/	—	—	—	—	—	—	—	—
30/	—	—	—	—	—	—	—	—
31/	—	—	—	—	—	—	—	—

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:

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