

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: May 2023

System Name: <u>Lakeshore RV Park ID# 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 <sup>1</sup> [NTU]
1	30	21	9	15	.61	same
2	30	21	9		.62	
3	30	21	9		.60	
4	30	21	9		.59	
5	30	21	9		.58	
6	30	21	9		.58	
7	30	21	9		.57	
8	31	21	10		.56	
9	31	21	10		.55	
10	31	21	10		.56	
11	31	21	10		.58	
12	31	21	10		.59	
13	31	21	10		.58	
14	30	21	9		.57	
15	30	21	9		.56	
16	30	21	9		.59	
17	30	21	9		.58	
18	30	21	9		.57	
19	30	21	9		.56	
20	30	21	9		.55	
21	30	21	9		.57	
22	30	21	9		.58	
23	30	21	9		.59	
24	30	21	9		.60	
25	30	21	9		.61	
26	30	21	9		.60	
27	30	21	9		.61	
28	30	21	9		.62	
29	30	21	9		.63	
30	30	21	9		.61	
31	30	21	9	15	.60	

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes:</b> 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>Mike D Blankenship</u>		DATE: <u>6/9/2023</u>
	SIGNATURE: <u>[Signature]</u>		CERT #:
	PHONE #: <u>(541) 997-2741</u>		

<sup>1</sup> 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: May 23

System Name: <u>Lakeshore RU Park</u> ID# <u>41 01001</u> WTP								
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.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	6.8	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	6.8	37	Y	
10/	.8	65	52	10	6.8	37	Y	
11/	.8	65	52	10	6.9	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	6.9	37	Y	
18/	.8	65	52	10	6.8	37	Y	
19/	.8	65	52	10	6.9	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	7.0	37	Y	
24/	.8	65	52	10	6.9	37	Y	
25/	.8	65	52	10	6.9	37	Y	
26/	.8	65	52	10	6.8	37	Y	
27/	.8	65	52	10	6.9	37	Y	
28/	.8	65	52	10	6.8	37	Y	
29/	.8	65	52	10	6.9	37	Y	
30/	.8	65	52	10	6.8	37	Y	
31/	.8	65	52	10	6.9	37	Y	

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Return by 10<sup>th</sup> of following month by email, fax or mail to:  
[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR  
 97293-0350  
 PAGE 2 of 2