

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: June 23

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	30	21	9	15	.62	5.2
2	30	21	9		.66	
3	30	21	9		.66	
4	30	21	9		.61	
5	30	21	9		.66	
6	30	21	9		.59	
7	30	21	9		.66	
8	30	21	9		.61	
9	30	21	9		.66	
10	30	21	9		.61	
11	30	21	9		.66	
12	30	21	9		.66	
13	30	21	9		.66	
14	30	21	9		.61	
15	30	21	9		.61	
16	30	21	9		.66	
17	30	21	9		.61	
18	30	21	9		.66	
19	30	21	9		.61	
20	30	21	9		.66	
21	30	21	9		.61	
22	30	21	9		.66	
23	30	21	9		.66	
24	30	20	10		.66	
25	30	20	10		.66	
26	30	20	10		.61	
27	30	20	10		.62	
28	30	20	10		.61	
29	30	20	10		.61	
30	30	20	10	15	.62	5.2
31						

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / 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>Mike Blankenship</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>7/9/23</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: 6/23

System Name: Lake Shore RU 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/	.8	65	52	10	7.0	37	Y	
2/	.8	65	52	10	6.9	37	Y	
3/	.8	65	52	10	7.0	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	6.9	37	Y	
7/	.8	65	52	10	6.9	37	Y	
8/	.8	65	52	10	6.6	37	Y	
9/	.8	65	52	10	7.0	37	Y	
10/	.8	65	52	10	6.9	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	6.9	37	Y	
14/	.8	65	52	10	7.0	37	Y	
15/	.8	65	52	10	6.8	37	Y	
16/	.8	65	52	10	6.8	37	Y	
17/	.5	65	32.5	15	6.9	24	Y	
18/	.5	65	32.5	15	7	24	Y	
19/	.5	65	32.5	15	7	24	Y	
20/	.5	65	32.5	15	7	24	Y	
21/	.5	65	32.5	15	6.9	24	Y	
22/	.5	65	32.5	15	6.9	24	Y	
23/	.5	65	32.5	15	6.9	24	Y	
24/	.5	65	32.5	15	6.9	24	Y	
25/	.5	65	32.5	15	6.9	24	Y	
26/	.5	65	32.5	15	6.9	24	Y	
27/	.5	65	32.5	15	7.0	24	Y	
28/	.5	65	32.5	15	7.0	24	Y	
29/	.5	65	32.5	15	7.0	24	Y	
30/	.5	65	32.5	15	7.0	24	Y	
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
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