

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: July 23

System Name: <u>Lakeshore RU Park</u>		ID# <u>41 6100</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	30	20	10	15	.62	Same
2	30	20	10		.61	
3	30	20	10		.62	
4	30	20	10		.61	
5	30	20	10		.62	
6	30	20	10		.61	
7	30	20	10		.62	
8	30	20	10		.61	
9	30	20	10		.62	
10	30	20	10		.61	
11	30	20	10		.62	
12	30	20	10		.61	
13	30	20	10		.60	
14	30	20	10		.66	
15	30	20	10		.61	
16	30	20	10		.62	
17	30	20	10		.61	
18	30	20	10		.60	
19	30	20	10		.62	
20	30	20	10		.61	
21	30	20	10		.60	
22	30	20	10		.58	
23	30	20	10		.59	
24	30	20	10		.62	
25	30	20	10		.61	
26	30	20	10		.61	
27	30	20	10		.62	
28	30	20	10		.61	
29	30	20	10		.60	
30	30	20	10		.60	
31	30	20	10	15	.60	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> 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>5/4/23</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: 7/23

System Name: Lakeshore 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/	1.5	65	325	15	7	24	Y	5
2/	1.5	65	325	15	7	24	Y	
3/	1.5	65	325	15	6.9	24	Y	
4/	1.5	65	325	15	6.9	24	Y	
5/	1.5	65	325	15	6.9	24	Y	
6/	1.5	65	325	15	6.9	24	Y	
7/	1.5	65	325	15	6.9	24	Y	
8/	1.5	65	325	15	7	24	Y	
9/	1.5	65	325	15	7	24	Y	
10/	1.5	65	325	15	7	24	Y	
11/	1.5	65	325	15	7	24	Y	
12/	1.5	65	325	15	7	24	Y	
13/	1.5	65	325	15	7	24	Y	
14/	1.5	65	325	15	7	24	Y	
15/	1.5	65	325	15	7	24	Y	
16/	1.5	65	325	15	7	24	Y	
17/	1.5	65	325	15	6.9	24	Y	
18/	1.5	65	325	15	7	24	Y	
19/	1.5	65	325	15	6.9	24	Y	
20/	1.5	65	325	15	6.9	24	Y	
21/	1.5	65	325	15	6.9	24	Y	
22/	1.5	65	325	15	6.9	24	Y	
23/	1.5	65	325	15	7	24	Y	
24/	1.5	65	325	15	7	24	Y	
25/	1.5	65	325	15	6.9	24	Y	
26/	1.5	65	325	15	7	24	Y	
27/	1.5	65	325	15	7	24	Y	
28/	1.5	65	325	15	7	24	Y	
29/	1.5	65	455	15	6.9	24	Y	
30/	1.5	65	455	15	6.2	24	Y	
31/	1.5	65	455	15	6.1	24	Y	

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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