

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: 8/23

System Name: <u>Lakeshore RU Park</u> ID# 41 <u>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	20	10	15	.31	Same
2	30	20	10	15	.30	Same
3	30	20	10	15	.31	Same
4	30	20	10	15	.31	
5	31	20	11	15	.32	
6	32	20	12	15	.32	
7	32	20	12	15	.32	
8	32	20	12	15	.34	
9	32	20	12	15	.34	
10	32	20	12	15	.34	
11	32	20	12	15	.35	
12	32	20	12	15	.35	
13	32	20	12	15	.35	
14	32	20	12	15	.40	
15	32	20	12	15	.40	
16	32	20	12	15	.40	
17	32	20	12	15	.40	
18	32	20	12	15	.40	
19	32	20	12	15	.40	
20	32	20	12	15	.40	
21	32	20	12	15	.40	
22	32	20	12	15	.38	
23	32	20	12	15	.38	
24	32	20	12	15	.38	
25	32	20	12	15	.38	
26	32	20	12	15	.44	
27	32	20	12	15	.44	
28	32	20	12	15	.44	
29	32	20	12	15	.44	
30	32	20	12	15	.44	
31	32	20	12	15	.38	

<b>Cartridge Filtration Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Monthly Summary (Answer Yes or No)</b>	
	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 Blankenship</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>9/6/2023</u>
	PHONE #: <u>(541) 997-2741</u>	CERT #:

<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: 8/23

System Name: Lake Shore RV Park		ID# 41 01001		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/	.7	65	45.5	15	7	24	Y	5
2/	.7	65	48.5	15	7	24	Y	5
3/	.9	65	58.5	15	6.9	24	Y	5
4/	.9	65	58.5	15	6.8	24	Y	
5/	.6	65	39	15	6.8	24	Y	
6/	.6	65	39	15	6.8	24	Y	
7/	.6	65	39	15	6.8	24	Y	
8/	.6	65	39	15	6.8	24	Y	
9/	.6	65	39	15	6.8	24	Y	
10/	.6	65	39	15	6.8	24	Y	
11/	.8	65	52	15	6.8	24	Y	
12/	.8	65	52	15	6.8	24	Y	
13/	.8	65	52	15	6.8	24	Y	
14/	.9	65	58.5	15	7	24	Y	
15/	.9	65	58.5	15	7	25	Y	
16/	.9	65	58.5	15	7	25	Y	
17/	.9	65	58.5	15	6.8	25	Y	
18/	.9	65	58.5	15	6.8	25	Y	
19/	.9	65	58.5	15	6.8	25	Y	
20/	.9	65	58.5	15	6.8	25	Y	
21/	.9	65	58.5	15	6.9	25	Y	
22/	.9	65	58.5	15	6.9	25	Y	
23/	.9	65	58.5	15	6.9	25	Y	
24/	.9	65	58.5	15	6.9	25	Y	
25/	.9	65	58.5	15	6.9	25	Y	
26/	.9	65	58.5	15	6.9	25	Y	
27/	.9	65	58.5	15	6.9	25	Y	
28/	.9	65	58.5	15	6.9	25	Y	
29/	.9	65	58.5	15	6.9	25	Y	
30/	.9	65	58.5	15	6.8	25	Y	
31/	1.0	65	58.5	15	6.8	25	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; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR  
 97293-0350  
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