

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: 8/23

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	32	20	12	15	.40	Same
2	32	20	12	15	.40	Same
3	32	20	12	15	.40	Same
4	32	20	12	15	.40	Same
5	32	20	12	15	.43	Same
6	32	20	12	15	.43	Same
7	32	20	12	15	.43	Same
8	32	20	12	15	.43	Same
9	32	20	12	15	.45	Same
10	32	20	12	15	.45	Same
11	32	20	12	15	.45	Same
12	32	20	12	15	.45	Same
13	32	20	12	15	.48	Same
14	32	20	12	15	.48	Same
15	32	20	12	15	.48	Same
16	32	20	12	15	.48	Same
17	32	20	12	15	.48	Same
18	32	20	12	15	.48	Same
19	32	20	12	15	.48	Same
20	32	20	12	15	.48	Same
21	32	20	12	15	.48	Same
22	32	20	12	15	.48	Same
23	32	20	12	15	.42	Same
24	32	20	12	15	.44	Same
25	32	20	12	15	.46	Same
26	32	20	12	15	.5	Same
27	32	20	12	15	.5	Same
28	32	20	12	15	.5	Same
29	32	20	12	15	.5	Same
30	32	20	12	15	.5	Same
31	32	20	12	15	.5	Same

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
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>		DATE: <u>10/6/2023</u>
	SIGNATURE: <u>[Signature]</u>		CERT #:
	PHONE #: <u>(541) 997-2741</u>		

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: 9/23

System Name: Lakeshore 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/	.9	65	45.5	15	6.8	24	Y	5
2/	.8	65	52	15	6.8	24	Y	5
3/	.8	65	52	15	6.8	24	Y	5
4/	.8	65	52	15	6.8	24	Y	5
5/	.7	65	45.5	15	6.8	24	Y	5
6/	.7	65	45.5	15	6.8	24	Y	5
7/	.7	65	45.5	15	6.8	24	Y	5
8/	.7	65	45.5	15	6.8	24	Y	5
9/	.7	65	45.5	15	6.8	24	Y	5
10/	.5	45	32.5	15	6.8	24	Y	5
11/	.5	65	32.5	15	6.8	24	Y	5
12/	.5	65	32.5	15	6.8	24	Y	5
13/	.9	65	58.5	15	6.8	25	Y	5
14/	.7	65	45.5	15	6.8	24	Y	5
15/	.7	65	45.5	15	6.8	24	Y	5
16/	.7	65	45.5	15	6.8	24	Y	5
17/	.7	65	45.5	15	6.8	24	Y	5
18/	.7	65	45.5	15	6.8	24	Y	5
19/	.8	65	52	15	6.8	24	Y	5
20/	.9	65	58.5	15	6.8	25	Y	5
21/	.9	65	58.5	15	6.8	25	Y	5
22/	.9	65	58.5	15	6.8	25	Y	5
23/	1.0	65	65	15	6.8	25	Y	5
24/	1.0	65	65	15	6.8	25	Y	5
25/	1.0	65	65	15	6.8	25	Y	5
26/	.9	65	58.5	15	6.8	25	Y	5
27/	.9	65	58.5	15	6.8	25	Y	5
28/	.9	65	58.5	15	6.8	25	Y	5
29/	.9	65	58.5	15	6.8	25	Y	5
30/	.9	65	58.5	15	6.8	25	Y	5
31/	.9	65	58.5	15	6.8	25	Y	5

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