

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year:

System Name: Lakeshore RD PARK ID# 41 0100

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	32	20	12	.15	.50	Same
2	32	20	12	.15	.50	Same
3	32	20	12	.15	.50	Same
4	32	20	12	.15	.50	Same
5	32	20	12	.15	.50	Same
6	32	20	12	.15	.50	Same
7	32	20	12	.15	.50	Same
8	32	20	12	.15	.50	Same
9	32	20	12	.15	.50	Same
10	32	20	12	.15	.40	Same
11	32	20	12	.15	.40	Same
12	32	20	12	.15	.40	Same
13	32	20	12	.15	.40	Same
14	32	20	12	.15	.40	Same
15	32	20	12	.15	.40	Same
16	32	20	12	.15	.45	Same
17	32	20	12	.15	.45	Same
18	32	20	12	.15	.45	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	.48	Same
24	32	20	12	.15	.42	Same
25	32	20	12	.15	.42	Same
26	32	20	12	.15	.45	Same
27	32	20	12	.15	.45	Same
28	32	20	12	.15	.45	Same
29	32	20	12	.15	.45	Same
30	32	20	12	.15	.45	Same
31	32	20	12	.15	.45	Same

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Monthly Summary (Answer Yes or No)	
	Yes/No Yes/No	CT's met everyday? (see back) 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:	DATE: <u>11/6</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: October

2023

System Name: Lakeshore KU 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	58.5	15	6.8	25	Y	5
2/	.9	65	58.5	15	6.8	25	Y	5
3/	.9	65	58.5	15	6.8	25	Y	5
4/	.9	65	58.5	15	6.8	25	Y	5
5/	.9	65	58.5	15	6.8	25	Y	5
6/	.9	65	58.5	15	6.8	25	Y	5
7/	.8	65	52	15	6.8	24	Y	5
8/	.8	65	52	15	6.8	24	Y	5
9/	.8	65	52	15	6.8	24	Y	5
10/	.8	65	52	15	6.8	24	Y	5
11/	.8	65	52	15	6.8	24	Y	5
12/	.8	65	52	15	6.8	24	Y	5
13/	1.0	65	65	15	6.8	25	Y	5
14/	1.0	65	65	15	6.8	25	Y	5
15/	1.0	65	65	15	6.8	25	Y	5
16/	1.0	65	65	15	6.8	25	Y	5
17/	1.0	65	65	15	6.8	25	Y	5
18/	1.0	65	65	15	6.8	25	Y	5
19/	1.0	65	65	15	6.8	25	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/	.9	65	58.5	15	6.8	25	Y	5
24/	.9	65	58.5	15	6.8	25	Y	5
25/	.9	65	58.5	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.dnce@oha.oregon.gov; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350