

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: 11/23

System Name: <u>Lakeshore RU Park</u>		ID# <u>41 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 ¹ [NTU]
1	32	20	12	.15	.45	Same
2	32	20	12	.15	.45	Same
3	32	20	12	.15	.45	Same
4	32	20	12	.15	.45	
5	32	20	12	.15	.45	
6	32	20	12	.15	.45	
7	32	20	12	.15	.53	
8	32	20	12	.15	.53	
9	32	20	12	.15	.53	
10	32	20	12	.15	.53	
11	32	20	12	.15	.41	
12	32	20	12	.15	.41	
13	32	20	12	.15	.41	
14	32	20	12	.15	.41	
15	32	20	12	.15	.41	
16	32	20	12	.15	.41	
17	32	20	12	.15	.39	
18	32	20	12	.15	.39	
19	32	20	12	.15	.39	
20	32	20	12	.15	.43	
21	32	20	12	.15	.43	
22	32	20	12	.15	.43	
23	32	20	12	.15	.49	
24	32	20	12	.15	.49	
25	32	20	12	.15	.49	
26	32	20	12	.15	.33	
27	32	20	12	.15	.33	
28	32	20	12	.15	.33	
29	32	20	12	.15	.35	
30	32	20	12	.15	.35	
31	32	20	12	.15	.35	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <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>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>12/8</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: **NOVEMBER**

System Name: Lakeshore RU Park		ID# 41	WTP 01001		2023			
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/	.9	65	58.5	15	6.8	25	Y	5
8/	.9	65	58.5	15	6.8	25	Y	5
9/	.9	65	58.5	15	6.8	25	Y	5
10/	.9	65	58.5	15	6.8	25	Y	5
11/	.9	65	58.5	15	6.8	25	Y	5
12/	.9	65	58.5	15	6.8	25	Y	5
13/	.9	65	58.5	15	6.8	25	Y	5
14/	.9	65	58.5	15	6.8	25	Y	5
15/	.9	65	58.5	15	6.8	25	Y	5
16/	.9	65	58.5	15	6.8	25	Y	5
17/	.9	65	58.5	15	6.8	25	Y	5
18/	.9	65	58.5	15	6.8	25	Y	5
19/	.9	65	58.5	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/	.8	65	52	15	6.8	24	Y	5
24/	.8	65	52	15	6.8	24	Y	5
25/	.8	65	52	15	6.8	24	Y	5
26/	.8	65	52	15	6.8	24	Y	5
27/	.8	65	52	15	6.8	24	Y	5
28/	.8	65	52	15	6.8	24	Y	5
29/	.8	65	52	15	6.8	24	Y	5
30/	.8	65	52	15	6.8	24	Y	5
31/	.8	65	52	15	6.8	24	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