

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lake

Cartridge or Bag Filtration

Month/Year: Mar/24

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	.44	same
2	30	20	10	15	.36	same
3	30	20	10	15	.36	same
4	30	20	10	15	.34	same
5	30	20	10	15	.38	same
6	30	20	10	15	.38	same
7	30	20	10	15	.38	same
8	30	20	10	15	.38	same
9	30	20	10	15	.38	same
10	30	20	10	15	.30	same
11	30	20	10	15	.34	same
12	30	20	10	15	.34	same
13	30	20	10	15	.34	same
14	30	20	10	15	.37	same
15	30	20	10	15	.37	same
16	30	20	10	15	.37	same
17	30	20	10	15	.43	same
18	30	20	10	15	.43	same
19	30	20	10	15	.43	same
20	30	20	10	15	.36	same
21	30	20	10	15	.36	same
22	30	20	10	15	.36	same
23	30	20	10	15	.34	same
24	30	20	10	15	.34	same
25	30	20	10	15	.34	same
26	30	20	10	15	.43	same
27	30	20	10	15	.43	same
28	30	20	10	15	.43	same
29	30	20	10	15	.35	same
30	30	20	10	15	.35	same
31	30	20	10	15	.35	same

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? 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:
		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: Mar 24

System Name: <u>Lakeshore RV Park</u>		ID# <u>41 01001</u>	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/	1.0	65	65	10	6.8	37	Y	5
2/	1.0	65	65	10	6.8	37	Y	5
3/	1.0	65	65	10	6.8	37	Y	5
4/	1.0	65	65	10	6.8	37	Y	5
5/	1.0	65	65	10	6.8	37	Y	5
6/	1.0	65	65	10	6.8	37	Y	5
7/	1.0	65	65	10	6.8	37	X	5
8/	1.1	65	71.5	10	6.8	37	Y	5
9/	1.1	65	71.5	10	6.8	37	X	5
10/	1.1	65	71.5	10	6.8	37	Y	5
11/	1.0	65	65	10	6.8	37	Y	5
12/	1.0	65	65	10	6.8	37	Y	5
13/	1.0	65	65	10	6.8	37	Y	5
14/	1.0	65	65	10	6.8	37	Y	5
15/	1.0	65	65	10	6.8	37	Y	5
16/	1.0	65	65	10	6.8	37	Y	5
17/	1.0	65	65	10	6.8	37	Y	5
18/	1.0	65	65	10	6.8	37	Y	5
19/	1.0	65	65	10	6.8	37	Y	5
20/	1.0	65	65	10	6.8	37	Y	5
21/	1.0	65	65	10	6.8	37	Y	5
22/	1.0	65	65	10	6.8	37	Y	5
23/	1.1	65	71.5	10	6.8	37	Y	5
24/	1.1	65	71.5	10	6.8	37	Y	5
25/	1.1	65	71.5	10	6.8	37	Y	5
26/	1.2	65	78	10	6.8	37	Y	5
27/	1.2	65	78	10	6.8	37	Y	5
28/	1.2	65	78	10	6.8	37	Y	5
29/	1.2	65	78	10	6.8	37	Y	5
30/	1.2	65	78	10	6.8	37	Y	5
31/	1.2	65	78	10	6.8	37	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