

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lake  
 Month/Year: Aug 24

Cartridge or Bag Filtration

System Name: Lakeshore RV Park

ID# 41 01001

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	32	20	10	15	.41	same
2	33	20	10	15	.43	same
3	33	20	10	15	.43	same
4	33	20	10	15	.43	same
5	33	20	10	15	.51	same
6	33	20	10	15	.51	same
7	33	20	10	15	.51	same
8	33	20	10	15	.49	same
9	33	20	10	15	.49	same
10	33	20	10	15	.49	same
11	33	20	10	15	.43	same
12	33	20	10	15	.43	same
13	33	20	10	15	.43	same
14	33	20	10	15	.30	same
15	33	20	10	15	.36	same
16	33	20	10	15	.36	same
17	33	20	10	15	.38	same
18	33	20	10	15	.38	same
19	33	20	10	15	.40	same
20	33	20	10	15	.46	same
21	33	20	10	15	.46	same
22	33	20	10	15	.50	same
23	33	20	10	15	.50	same
24	33	20	10	15	.50	same
25	33	20	10	15	.39	same
26	33	20	10	15	.39	same
27	33	20	10	15	.39	same
28	33	20	10	15	.39	same
29	33	20	10	15	.39	same
30	33	20	10	15	.39	same
31	33	20	10	15	.79	same

<b>Cartridge Filtration Monthly Summary</b>  95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / 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: _____	DATE: <u>9.5.24</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: Aug 24

System Name: <u>ALLEGROVE RV PARK</u>		ID# 41 <u>01001</u>		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/	.9	6.5	58.5	10	6.8	37	Y	5
2/	.8	6.5	52.0	10	6.8	37	Y	5
3/	.8	6.5	52.0	10	6.8	37	Y	5
4/	.8	6.5	52.0	10	6.8	37	Y	5
5/	1.0	6.5	65.0	10	6.8	37	Y	5
6/	1.0	6.5	65.0	10	6.8	37	Y	5
7/	1.0	6.5	65.0	10	6.8	37	Y	5
8/	1.0	6.5	65.0	10	6.8	37	Y	5
9/	1.0	6.5	65.0	10	6.8	37	Y	5
10/	1.0	6.5	65.0	10	6.8	37	Y	5
11/	.9	6.5	58.5	10	6.8	37	Y	5
12/	.9	6.5	58.5	10	6.8	37	Y	5
13/	.9	6.5	58.5	10	6.8	37	Y	5
14/	.9	6.5	58.5	10	6.8	37	Y	5
15/	.9	6.5	58.5	10	6.8	37	Y	5
16/	.9	6.5	58.5	10	6.8	37	Y	5
17/	.9	6.5	58.5	10	6.8	37	Y	5
18/	.9	6.5	58.5	10	6.8	37	Y	5
19/	.9	6.5	58.5	10	6.8	37	Y	5
20/	.9	6.5	58.5	10	6.8	37	Y	5
21/	.9	6.5	58.5	10	6.8	37	Y	5
22/	1.0	6.5	65.0	10	6.8	37	Y	5
23/	1.0	6.5	65.0	10	6.8	37	Y	5
24/	1.0	6.5	65.0	10	6.8	37	Y	5
25/	1.0	6.5	65.0	10	6.8	37	Y	5
26/	1.0	6.5	65.0	10	6.8	37	Y	5
27/	1.0	6.5	65.0	10	6.8	37	Y	5
28/	1.0	6.5	65.0	10	6.8	37	Y	5
29/	1.0	6.5	65.0	10	6.8	37	Y	5
30/	1.0	6.5	65.0	10	6.8	37	Y	5
31/	1.0	6.5	65.0	10	6.8	37	Y	5

<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](mailto:dwp.dmce@oha.oregon.gov); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR  
 97293-0350  
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