


OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Linn

Cartridge or Bag Filtration

Month/Year: Sept 2024

System Name: <u>Lakeshore RV Park</u>		ID# <u>41</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	33	20	10	15	.79	same
2	33	20	10	15	.79	same
3	31	20	10	15	.55	same
4	31	20	10	15	.55	same
5	31	20	10	15	.55	same
6	31	20	10	15	.44	same
7	31	20	10	15	.44	same
8	31	20	10	15	.44	same
9	31	20	10	15	.45	same
10	31	20	10	15	.45	same
11	31	20	10	15	.45	same
12	31	20	10	15	.49	same
13	31	20	10	15	.49	same
14	31	20	10	15	.49	same
15	31	20	10	15	.50	same
16	31	20	10	15	.50	same
17	31	20	10	15	.50	same
18	31	20	10	15	.48	same
19	31	20	10	15	.48	same
20	31	20	10	15	.48	same
21	31	20	10	15	.41	same
22	31	20	10	15	.41	same
23	31	20	10	15	.41	same
24	31	20	10	15	.39	same
25	31	20	10	15	.31	same
26	31	20	10	15	.39	same
27	31	20	10	15	.40	same
28	31	20	10	15	.40	same
29	31	20	10	15	.40	same
30	31	20	10	15	.39	same
31						

Cartridge Filtration Monthly Summary 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	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> 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>10.1.24</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: Sept. 24

System Name: <u>Lakeshore RV Park</u>		ID# 41 <u>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	65.0	10	6.8	37	Y	5
2/	1.0	65	65.0	10	6.8	37	Y	5
3/	1.0	65	65.0	10	6.8	37	Y	5
4/	1.0	65	65.0	10	6.8	37	Y	5
5/	1.0	65	65.0	10	6.8	37	Y	5
6/	1.0	65	65.0	10	6.8	37	Y	5
7/	1.0	65	65.0	10	6.8	37	Y	5
8/	1.0	65	65.0	10	6.8	37	Y	5
9/	1.0	65	65.0	10	6.8	37	Y	5
10/	1.0	65	65.0	10	6.8	37	Y	5
11/	1.0	65	65.0	10	6.8	37	Y	5
12/	1.0	65	65.0	10	6.8	37	Y	5
13/	1.0	65	65.0	10	6.8	37	Y	5
14/	1.0	65	65.0	10	6.8	37	Y	5
15/	1.0	65	65.0	10	6.8	37	Y	5
16/	1.0	65	65.0	10	6.8	37	Y	5
17/	1.0	65	65.0	10	6.8	37	Y	5
18/	1.0	65	65.0	10	6.8	37	Y	5
19/	1.0	65	65.0	10	6.8	37	Y	5
20/	1.0	65	65.0	10	6.8	37	Y	5
21/	1.0	65	65.0	10	6.8	37	Y	5
22/	1.0	65	65.0	10	6.8	37	Y	5
23/	1.0	65	65.0	10	6.8	37	Y	5
24/	1.0	65	65.0	10	6.8	37	Y	5
25/	1.0	65	65.0	10	6.8	37	Y	5
26/	1.0	65	65.0	10	6.8	37	Y	5
27/	1.0	65	65.0	10	6.8	37	Y	5
28/	1.0	65	65.0	10	6.8	37	Y	5
29/	1.0	65	65.0	10	6.8	37	Y	5
30/	1.0	65	65.0	10	6.8	37	Y	5
31/								

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