County: Lane

Month/Year: Apr/25

OHA - Drinking Water Services – Turbidity Monitoring Report Form

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 [1] [NTU]
1	34	20	10	15	.38	same
2	34	20	10	15	.38	same
3	34	20	10	15	.28	same
4	34	20	10	15	.36	same
5	34	20	10	15	.36	same
6	34	20	10	15	.36	same
7	34	20	10	15	.38	same
8	34	20	10	15	.28	same
9	34	20	10	15	.28	same
10	34	20	10	15	.39	same
11	34	20	10	15	.39	same
12	34	20	10	15	.39	same
13	34	20	10	15	.33	same
14	34	20	10	15	.33	same
15	34	20	10	15	.33	same
16	34	20	10	15	.33	same
17	34	20	10	15	.33	same
18	34	20	10	15	.33	same
19	34	20	10	15	.33	same
20	34	20	10	15	.33	same
21	34	20	10	15	.33	same
22	34	20	10	15	.33	same
23	34	20	10	15	.33	same
24	34	20	10	15	.33	same
25	34	20	10	15	.33	same
26	34	20	10	15	.33	same
27	34	20	10	15	.33	same
28	34	20	10	15	.33	same
29	34	20	10	15	.33	same
30	34	20	10	15	.33	same
31						

Cartridge Filtration Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes / No All daily turbidity readings ≤ 5 NTU? 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: Natalie Blankenship	
	SIGNATURE: [signature]	DATE: 5.8.25
	PHONE #: ( ) 541-997-2741	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: Apr 25

System Name: Lakeshore RV Park ID# 41 01001 WTP

Date / Time	Minimum Cl_2 Residual at 1st 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 /	.7	65	45.5	10	6.8	37	Y	5
2 /	.7	65	45.5	10	6.8	37	Y	5
3 /	.7	65	45.5	10	6.8	37	Y	5
4 /	.7	65	45.5	10	6.8	37	Y	5
5 /	.7	65	45.5	10	6.8	37	Y	5
6 /	.7	65	45.5	10	6.8	37	Y	5
7 /	.7	65	45.5	10	6.8	37	Y	5
8 /	.7	65	45.5	10	6.8	37	Y	5
9 /	.7	65	45.5	10	6.8	37	Y	5
10 /	.7	65	45.5	10	6.8	37	Y	5
11 /	.7	65	45.5	10	6.8	37	Y	5
12 /	.7	65	45.5	10	6.8	37	Y	5
13 /	.7	65	45.5	10	6.8	37	Y	5
14 /	.7	65	45.5	10	6.8	37	Y	5
15 /	.7	65	45.5	10	6.8	37	Y	5
16 /	.7	65	45.5	10	6.8	37	Y	5
17 /	.7	65	45.5	10	6.8	37	Y	5
18 /	.7	65	45.5	10	6.8	37	Y	5
19 /	.7	65	45.5	10	6.8	37	Y	5
20 /	.7	65	45.5	10	6.8	37	Y	5
21 /	.7	65	45.5	10	6.8	37	Y	5
22 /	.6	65	39	10	6.8	37	Y	5
23 /	.6	65	39	10	6.8	37	Y	5
24 /	.6	65	39	10	6.8	37	Y	5
25 /	.7	65	45.5	10	6.8	37	Y	5
26 /	.7	65	45.5	10	6.8	37	Y	5
27 /	.7	65	45.5	10	6.8	37	Y	5
28 /	.7	65	45.5	10	6.8	37	Y	5
29 /	.7	65	45.5	10	6.8	37	Y	5
30 /	.7	65	45.5	10	6.8	37	Y	5
31 /								

[2] If Cl_2 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