

OHA - Drinking Water Services - Turbidity Monitoring Report Form
 Cartridge or Bag Filtration

County: Lane
 Month/Year: Aug/21

WTP ID: _____

System Name: Waukena View Community Water Sys ID# 4106133

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					0.249	
2	0.0				0.253	
3					0.247	
4					0.255	
5					0.248	
6					0.251	
7					0.258	
8					0.262	
9					0.261	
10					0.255	
11					0.256	
12					0.247	
13					0.245	
14					0.249	
15					0.252	
16					0.249	
17					0.248	
18					0.256	
19					0.251	
20					0.234	
21					0.223	
22					0.238	
23					0.245	
24					0.240	
25					0.240	
26					0.242	
27					0.241	
28					0.238	
29					0.248	
30					0.245	
31					0.244	

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	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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>MEISSA STINSON</u>	
		SIGNATURE: <u>M. Stinson</u>	
		DATE: <u>9/1/2021</u>	
		PHONE #: <u>(541) 218-7611</u>	CERT #:

Then Lower
↓ ↓

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: Aug/21

System Name: Washink View Community Water System ID# 41 06133

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]
1/1900	.4	165	66	18.9	7.0	23	Yes	
2/1900	.5	165	82	18.1	7.0	24	Yes	
3/1900	.4	165	66	18.9	7.0	23	Yes	
4/1900	.4	165	66	19.0	7.0	23	Yes	
5/1900	.4	165	66	18.9	7.0	23	Yes	
6/1900	.5	165	82	18.8	7.0	24	Yes	
7/1900	.5	165	82	18.9	6.9	24	Yes	
8/1900	.5	165	82	18.9	6.9	24	Yes	
9/1900	.4	165	66	18.8	7.0	23	Yes	
10/1900	.5	165	82	19.0	6.9	23	Yes	
11/1900	.4	165	66	18.9	7.0	23	Yes	
12/1900	.4	165	66	18.9	7.0	23	Yes	
13/1900	.5	165	82	19.0	7.0	24	Yes	
14/10900	.3	165	49.5	22.5	7.3	31	Yes	
15/1400	.5	165	82.5	25	7.4	14	YES	
16/1400	.5	165	82	25	7.2	14	YES	
17/10900	.8	165	82	20	7.2	18	YES	
18/1700	.8	165	132	20.2	7.4	22	YES	
19/10700	.7	165	115.5	18.9	7.2	24	YES	
20/10900	0.4	165	66	23.0	7.2	20	YES	
21/1600	0.4	165	66	22.5	7.0	17	YES	
22/10900	0.6	165	99	19	7.0	18	YES	
23/1600	0.4	165	66	20	7.0	17	YES	
24/1600	0.4	165	99	19	6.4	20	YES	
25/1600	0.4	165	99	19.8	6.0	14	YES	
26/1600	0.4	165	66	20	6.0	12	YES	
27/1600	0.4	165	66	19	6.0	16	YES	
28/1700	0.8	165	132	20	6.0	13	YES	
29/1700	0.4	165	66	19	7.2	28	YES	
30/1655	0.4	165	66	20	5.9	12	YES	
31/1700	0.4	165	66	20	7.0	17	YES	

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised August 2016

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@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350