

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE

Cartridge or Bag Filtration

Month/Year: SEPTEMBER

2021

System Name: WORTHINK VIEW COMMUNITY WATER SYSTEM ID# 41 06133

WTP ID:

DAY	PSI Before Filter	PSI After Filter	SYSTEM PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1					.246	
2					.251	
3					.248	
4					.248	
5					.250	
6					.243	
7					.257	
8					.242	
9					.243	
10					.247	
11					.249	
12					.253	
13					.251	
14					.247	
15					.251	
16					.247	
17					.251	
18					.256	
19					.257	
20					.260	
21					.256	
22					.254	
23					.249	
24					.244	
25					.232	
26					.257	
27					.250	
28					.255	
29					.252	
30					.255	
31						

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> 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 type="radio"/> Yes / <input type="radio"/> No
<p>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.</p>		PRINTED NAME: <u>MEUSSA STINSON</u>	
		SIGNATURE: <u>MJ Stinson</u>	DATE: <u>10/5/2021</u>
		PHONE #: <u>(541) 128-7611</u>	CERT #:



OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: SEPTEMBER 2021

System Name: NORTH WALKER VILLAGE COMMUNITY WATER SYSTEM ID# 41 00135 WTP

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/18/2000	0.4	145	66	18	5.4	12	YES	
2/18/40	0.4	165	66	19	5.9	17	YES	
3/20/00	0.5	145	82.5	19	7.0	23-24	YES	
4/15/00	0.4	145	66	19	5.9	17	YES	
5/15/00	0.4	145	66	19	5.9	17	YES	
6/15/00	0.4	145	66	20	6.1	15	YES	
7/17/45	0.4	145	99	20	6.3	20	YES	
8/18/04	0.5	145	82.5	19	6.1	20	YES	
9/21/15	0.5	145	82.5	18	7.1	28-29	YES	
10/19/00	0.4	145	66	19	6.1	20	YES	
11/20/00	0.4	145	99	19	6.4	24	YES	
12/18/30	0.5	145	82.5	19	7.0	23-24	YES	
13/19/48	0.4	145	66	19	6.9	23	YES	
14/19/00	0.4	145	66	19	7.1	28	YES	
15/19/00	0.5	145	82.5	18	6.9	23-24	YES	
16/18/00	0.5	145	82.5	19	6.8	23-24	YES	
17/18/00	0.5	145	82.5	20	6.5	15	YES	
18/19/00	0.5	145	82.5	20	6.7	17-18	YES	
19/19/00	0.4	145	66	21	6.8	17	YES	
20/19/00	0.4	145	66	21	6.8	17	YES	
21/10/47	0.4	145	66	21	6.8	17	YES	
22/17/25	0.5	145	82.5	20	5.9	12-13	YES	
23/18/00	0.5	145	82.5	20	6.1	20	YES	
24/18/00	0.4	145	66	20	6.1	20	YES	
25/19/00	0.4	145	99	19	7.0	24	YES	
26/19/00	0.4	145	99	19	7.0	24	YES	
27/19/00	0.5	145	82	19	6.8	23	YES	
28/17/30	0.5	145	82	18	6.9	24	YES	
29/17/00	0.4	145	66	18	6.9	23	YES	
30/20/00	0.5	145	82	18	7.0	23-24	YES	
31/								

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours.  
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)

Revised August 2016

Return by 10<sup>th</sup> 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