

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

County: LANE
 Month/Year: OCTOBER 2021

System Name: WOAHINK VILLEN COMMUNITY WATER SYSTEM ID# 41: 06133 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					.255	
2					.226	
3					.234	
4					.213	
5					.209	
6					.204	
7					.207	
8					.207	
9					.207	
10					.206	
11					.206	
12					.206	
13					.204	
14					.207	
15					.210	
16					.212	
17					.215	
18					.217	
19					.219	
20					.220	
21					.222	
22					.224	
23					.230	
24					.231	
25					.235	
26					.242	
27					.243	
28					.249	
29					.262	
30					.267	
31					.265	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All daily turbidity readings ≤ 5 NTU?			
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>MEUSSA STINSON</u>	DATE: <u>11/1/2021</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 218-7611</u>	

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: OCTOBER 2021

System Name: WADHINK VIEW COMMUNITY WATER SYSTEM ID# 41 6133 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]
1/0646	0.5	165	82	17	7.0	23-24	YES	
2/0700	0.6	165	99	17	6.9	24	YES	
3/1900	0.4	165	99	18	7.0	24	YES	
4/190	0.5	165	82	19	6.8	23-24	YES	
5/1900	0.6	165	99	19	6.9	24	YES	
6/1900	0.5	165	82	18	5.9	16-17	YES	
7/1900	0.5	165	82	18	5.8	16-17	YES	
8/1845	0.5	165	82	17	7.2	28-29	YES	
9/1900	0.4	165	99	18	7.2	29	YES	
10/1830	0.4	165	99	18	7.5	29	YES	
11/1745	0.6	165	99	17	7.1	29	YES	
12/1800	0.6	165	99	17	7.0	24	YES	
13/1745	0.6	165	99	18	7.2	29	YES	
14/1800	0.6	165	99	18	7.2	29	YES	
15/1800	0.6	165	99	18	7.2	29	YES	
16/1845	0.5	165	82	17	7.4	28-29	YES	
17/1845	0.5	165	82	17	7.5	28-29	YES	
18/1900	0.5	165	82	19	7.2	28-29	YES	
19/1900	0.5	165	82	19	7.2	28-29	YES	
20/2000	0.4	165	99	16	7.4	29	YES	
21/1800	0.4	165	99	17	7.4	29	YES	
22/1700	0.4	165	99	17	7.5	29	YES	
23/1700	0.5	165	82	17	7.7	28-29	YES	
24/1809	0.5	165	82	19	7.7	28-29	YES	
25/1800	0.5	165	82	17	7.2	28-29	YES	
26/1750	0.5	165	82	17	7.2	28-29	YES	
27/1600	0.4	165	66	18	7.0	23	YES	
28/1700	0.4	165	66	18	6.8	23	YES	
29/1800	0.5	165	82	18	6.4	20	YES	
30/1600	0.5	165	82	18	6.5	20	YES	
31/1600	0.5	165	82	18	6.5	20	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