

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **LANE**

Month/Year: **NOVEMBER 2021**

Cartridge or Bag Filtration

System Name: **WDAHINK VIEW COMMUNITY WATER SYSTEM** ID# **41 06133** WTP ID: **2021**

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						
2					.264	
3					.262	
4					.262	
5					.260	
6					.260	
7					.259	
8					.255	
9					.254	
10					.258	
11					.257	
12					.261	
13					.273	
14					.283	
15					.284	
16					.290	
17					.294	
18					30 .298	
19					.309	
20					.318	
21					.345	
22					.399	
23					.220	
24					.215	
25					.220	
26					.223	
27					.219	
28					.220	
29					.219	
30					.209	
31					2 .195	

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 Cl₂ 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: **MEISSA STINSON**

SIGNATURE: *[Handwritten Signature]*

DATE: **11/30/21**

PHONE #: ()

CERT #:

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: WADSWORTH VIEW COMMUNITY WATER SYSTEM ID# 41 06133 Month/Year: NOV. 2021 WTP

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/1900	0.5	165	82.5	18	7.1	28-29	YES	
2/1700	0.4	165	66	17	7.0	23	YES	
3/1900	0.4	165	66	17	6.9	23	YES	
4/1700	0.5	165	82.5	18	6.9	23	YES	
5/1800	0.6	165	99	18	7.0	24	YES	
6/1700	0.5	165	82.5	17	7.0	23-24	YES	
7/1700	0.5	165	82.5	17	7.0	23-24	YES	
8/1630	0.5	165	82.5	17	7.1	28-29	YES	
9/1700	0.4	165	66	17	7.0	23	YES	
10/1800	0.4	165	66	17	6.8	23	YES	
11/1600	0.5	165	82.5	18	6.8	23-24	YES	
12/1500	0.4	165	66	18	6.9	23-24	YES	
13/1900	0.5	165	82.5	18	7.0	23-24	YES	
14/10900	0.5	165	82.5	18	6.9	23-24	YES	
15/1800	0.5	165	82.5	18	6.9	23-24	YES	
16/1745	0.5	165	82.5	18	7.0	23-24	YES	
17/1715	0.6	165	99	17	6.9	24	YES	
18/1745	0.9	165	148.5	17	7.1	29-30	YES	
19/1745	0.9	165	148.5	17	7.1	29-30	YES	
20/1800	0.6	165	99	17	6.9	24	YES	
21/1700	0.6	165	99	17	6.9	24	YES	
22/1700	0.5	165	82.5	17	7.0	28-29	YES	
23/1600	0.5	165	82.5	17	7.0	28-29	YES	
24/1800	0.6	165	99	17	7.0	23-24	YES	
25/1800	0.6	165	99	17	7.0	23-24	YES	
26/17pm	0.5	165	82.5	17	7.0	23-24	YES	
27/17pm	0.4	165	66	17	6.9	23	YES	
28/1700	0.6	165	99	17	6.9	24	YES	
29/1800	0.4	165	66	18	7.0	23	YES	
30/1800	0.4	165	66	17	7.0	23	YES	
31/								

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