

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

County: LANE
 Month/Year: DECEMBER 2021

System Name: INDIAN HOOK VIEW COMMUNITY WATER SYSTEM WTP ID: 06133

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					.197	
2					.193	
3					.204	
4					.209	
5					.213	
6					.215	
7					.215	
8					.213	
9					.214	
10					.220	
11					.221	
12					.217	
13					.218	
14					.222	
15					.224	
16					.221	
17					.231	
18					.228	
19					.238	
20					.247	
21					.250	
22					.264	
23					.289	
24					.309	
25					.353	
26					.428	
27					.422	
28					.431	
29					.426	
30					.420	
31					.404	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>[Signature]</u>	DATE: <u>12/31/2021</u>
	PHONE #: <u>(541) 218-7611</u>	CERT #:

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: 2021
DECEMBER

System Name: WORTHINK VILLEN 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]
1/1800	0.7	165	115.5	17	7.2	29	YES	
2/1400	0.7	165	115.5	17	7.0	24	YES	
3/1400	0.8	165	132	17	7.0	24	YES	
4/1500	0.9	165	148.5	17	7.0	24-25	YES	
5/1500	0.7	165	115.5	17	7.1	29	YES	
6/1800	0.7	165	115.5	17	7.1	29	YES	
7/1800	0.8	165	132	16	7.0	24	YES	
8/1900	0.8	165	132	14	7.0	24	YES	
9/1900	0.7	165	115.5	14	7.0	24	YES	
10/2000	0.7	165	115.5	15.5	6.8	24	YES	
11/1700	0.8	165	132	15.5	6.8	24	YES	
12/1700	0.8	165	132	14	7.0	24	YES	
13/1700	0.8	165	132	14	7.0	24	YES	
14/1800	0.8	165	132	15.5	7.0	24	YES	
15/1900	0.8	165	132	15.5	6.9	24	YES	
16/1900	0.7	165	115.5	17	7.1	29	YES	
17/1900	0.7	165	115.5	17	7.0	24	YES	
18/1600	0.8	165	132	14	7.0	24	YES	
19/1600	0.8	165	132	17	7.0	24	YES	
20/1700	0.7	165	115.5	17	7.0	24	YES	
21/1700	0.7	165	115.5	15.5	7.1	29	YES	
22/1800	0.7	165	115.5	15.5	7.0	24	YES	
23/2100	0.7	165	115.5	17	7.0	24	YES	
24/2100	0.8	165	132	17	7.1	29	YES	
25/1700	0.8	165	132	14	7.0	24	YES	
26/1700	0.8	165	132	14	7.0	24	YES	
27/1700	0.8	165	132	17	7.0	24	YES	
28/1800	0.7	165	115.5	17	7.1	29	YES	
29/1900	0.7	165	115.5	17	7.1	29	YES	
30/1900	0.7	165	115.5	17	7.0	24	YES	
31/1900	0.7	165	115.5	17	7.0	24	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