

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: LANE

Month/Year: JANUARY 2022

Cartridge or Bag Filtration

System Name: WINDHINK VEEN COMMUNITY WATER SYSTEM

Job # 41

02/33

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					.392	
2					.364	
3					.350	
4					.341	
5					.308	
6					.305	
7					.295	
8	<u>OFFLINE</u>					
9	<u>OFFLINE</u>					
10					.278	
11					.124	
12					.129	
13					.130	
14					.134	
15					.130	
16					.134	
17					.132	
18					.133	
19					.132	
20					.138	
21					.134	
22					.134	
23					.132	
24					.134	
25					.132	
26					.132	
27					.128	
28					.129	
29					.131	
30					.140	
31					.141	

REPLACING TURBIDITY MACHINE

Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU?
All daily turbidity readings ≤ 5 NTU?

Yes No
 Yes No

Monthly Summary (Answer Yes or 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: MELISSA STINSON

SIGNATURE: [Signature]

DATE: 2/6/2022

PHONE #: (541) 218-7611

CERT #:

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: JANUARY 2022

System Name: <u>WOAHINK VALLEY COMMUNITY WATER SYSTEM</u> ID# <u>41</u> <u>06133</u> 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]
1/1200	0.4	165	99	16	6.9	24	YES	
2/1100	0.4	165	99	12	6.9	36	YES	
3/1700	0.4	165	99	13	7.0	34	YES	
4/1830	0.4	165	99	13	7.3	36-43	YES	
5/1700	0.7	165	115.5	14	7.4	29-43	YES	
6/1700	0.4	165	99	14	7.4	43	YES	
7/1500	0.7	165	115.5	14	7.4	43-44	YES	
8/0930	0.7	165	115.5	14	7.0	36-37	YES	
9/1800	0.7	165	115.5	14	7.0	36-37	YES	
10/1800	0.7	165	115.5	14	7.0	36-37	YES	
11/1830	0.4	165	99	16	7.0	24	YES	
12/1800	0.4	165	99	14	6.8	24	YES	
13/1730	0.4	165	99	14	6.5	24	YES	
14/1700	0.4	165	99	14	6.5	24	YES	
15/1000	0.4	165	99	16	6.9	24	YES	
16/1700	0.4	165	99	14	7.0	24	YES	
17/1700	0.4	165	99	14	7.0	24	YES	
18/1600	0.7	165	115.5	16	6.9	24	YES	
19/1800	0.4	165	99	16	7.0	24	YES	
20/1700	0.7	165	115.5	16	7.0	24	YES	
21/1730	0.4	165	99	16	7.0	24	YES	
22/1800	0.4	165	99	16	7.1	24	YES	
23/1800	0.4	165	99	16	7.0	24	YES	
24/1830	0.4	165	99	16	7.0	24	YES	
25/1830	0.4	165	99	14	7.0	24	YES	
26/1800	0.7	165	115.5	16	7.0	24	YES	
27/1700	0.7	165	115.5	16	7.0	24	YES	
28/1800	0.7	165	115.5	16	7.0	24	YES	
29/1830	0.4	165	99	16	7.0	24	YES	
30/1900	0.4	165	99	16	7.0	24	YES	
31/1900	0.4	165	99	16	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