

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

LANE

County: FEBRUARY  
 Month/Year: 2022

System Name: WPAHINK NEW COMMUNITY WATER ID# 41 60133 WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1					.134	
2					.134	
3					.141	
4					.134	
5					.133	
6					.134	
7					.135	
8					.134	
9					.135	
10					.135	
11					.138	
12					.136	
13					.134	
14					.132	
15					.135	
16					.134	
17					.135	
18					.132	
19	20	20			.136	
20	20	20			.140	
21					.135	
22					.133	
23					.134	
24					.128	
25					.126	
26					.127	
27					.128	
28					.130	
29						
30						
31						

<b>Cartridge Filtration Monthly Summary</b> 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	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b> 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: MEUSSA STINSON	
	SIGNATURE: <i>[Signature]</i>	DATE: 3/4/2022
	PHONE #: 541, 219-7011	CERT #:

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: FEBRUARY

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

WTP 2022

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/1900	0.4	145	99	14	6.9	34	YES	
2/1500	0.4	145	99	14	7.0	34	YES	
3/1900	0.4	145	99	14	7.0	34	YES	
4/1630	0.7	145	115.5	14	7.0	36-37	YES	
5/1700	0.7	145	115.5	14	6.9	36-37	YES	
6/1700	0.4	145	99	14	6.9	34	YES	
7/1700	0.4	145	99	14	6.9	34	YES	
8/1600	0.7	145	115.5	14	7.0	36-37	YES	
9/1900	0.7	145	115.5	14	7.0	36-37	YES	
10/1900	0.7	145	115.5	14	7.0	36-37	YES	
11/1600	0.6	145	99	14	6.9	34	YES	
12/1900	0.7	145	115.5	14	6.9	36-37	YES	
13/1700	0.7	145	115.5	14	6.9	36-37	YES	
14/1700	0.6	145	99	14	6.9	34	YES	
15/0500	0.6	145	99	13	6.9	34	YES	
16/0500	0.6	145	99	13	6.9	34	YES	
17/1645	0.7	145	115.5	13	7.0	36-37	YES	
18/1700	0.7	145	115.5	13	7.0	36-37	YES	
19/1700	0.7	145	115.5	14	6.9	36-37	YES	
20/1700	0.7	145	115.5	14	6.9	36-37	YES	
21/1900	0.4	145	99	14	7.0	34	YES	
22/1900	0.6	145	99	13	7.1	34	YES	
23/1700	0.7	145	115.5	13	7.0	36-37	YES	
24/1600	0.7	145	115.5	13	7.0	36-37	YES	
25/	0.6	145	99	13	7.1	34	YES	
26/	0.6	145	99	13	7.1	34	YES	
27/	0.7	145	115.5	13	7.0	36-37	YES	
28/	0.7	145	115.5	13	7.0	36-37	YES	
29/								
30/								
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.

Revised August 2016

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)

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