

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Lake Seminole / Osprey ID #: 90186 WTP: Month/Year: Feb 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1				.431			
2				.946			
3				.981			
4				.972			
5				.862			
6				.932			
7				.921			
8				.876			
9				.723			
10				.876			
11				.980			
12				.912			
13				.998			
14				.831			
15				.845			
16				.812			
17				.712			
18				.734			
19				.856			
20				.823			
21				.954			
22				.931			
23				.852			
24				.745			
25				.931			
26				.831			
27				.974			
28				.945			
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <u>Yes</u> / No All daily turbidity readings ≤ 5 NTU? <u>Yes</u> / No		CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No
Notes:		PRINTED NAME:	
		SIGNATURE:	DATE:
		PHONE #: ()	CERT #: <u>2379</u>

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: Lake Samama / C2Sprey ID #: 90186 WTP: _____ Month/Year: Feb 2022

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /	1.7	150	255	6.7	7.0	54	Yes	
2 /	1.7	150	255	6.7	7.0	54	Yes	
3 /	1.6	150	240	6.7	7.0	53	Yes	
4 /	1.7	150	255	7.2	7.1	54	Yes	
5 /	1.6	150	240	6.7	7.0	53	Yes	
6 /	1.6	150	240	7.2	7.2	53	Yes	
7 /	1.5	150	225	7.2	7.2	53	Yes	
8 /	1.6	150	240	7.2	7.2	53	Yes	
9 /	1.4	150	210	7.2	7.2	52	Yes	
10 /	1.6	150	240	6.7	7.1	53	Yes	
11 /	1.4	150	210	6.7	7.1	52	Yes	
12 /	1.4	150	210	6.7	7.1	52	Yes	
13 /	1.3	150	195	6.7	7.1	52	Yes	
14 /	1.4	150	210	7.2	7.1	52	Yes	
15 /	1.4	150	210	7.2	7.2	52	Yes	
16 /	1.4	150	210	6.7	7.2	52	Yes	
17 /	1.3	150	195	7.2	7.1	52	Yes	
18 /	1.3	150	195	6.7	7.1	52	Yes	
19 /	1.2	150	180	6.7	7.1	51	Yes	
20 /	1.3	150	195	6.7	7.1	52	Yes	
21 /	1.4	150	210	6.7	7.1	52	Yes	
22 /	1.4	150	210	6.1	7.0	52	Yes	
23 /	1.3	150	195	6.1	7.0	52	Yes	
24 /	1.2	150	180	6.1	7.0	51	Yes	
25 /	1.3	150	195	6.1	7.0	52	Yes	
26 /	.9	150	135	6.1	7.0	50	Yes	
27 /	1.3	150	195	6.7	7.0	52	Yes	
28 /	1.2	150	180	6.7	7.0	51	Yes	
29 /								
30 /								
31 /								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350