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

System Name: Lake Sand / Osprey ID #: 90186 WTP-: Month/Year: May 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				.034			
2				.038			
3				.038			
4				.028			
5				.034			
6				.025			
7				.036			
8				.038			
9				.048			
10				.048			
11				.087			
12				.355			
13				.273			
14				.345			
15				.081			
16				.054			
17				.054			
18				.031			
19				.031			
20				.037			
21				.049			
22				.041			
23				.031			
24				.042			
25				.043			
26				.054			
27				.051			
28				.050			
29				.042			
30				.690			
31				.051			

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? [2] Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl_2 residual at entry point ≥ 0.2 mg/l? Yes / No
Notes:	PRINTED NAME:	
	SIGNATURE:	DATE:
	PHONE #: ( )	CERT #: 2379

[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 Selmac / Osprey **ID #:** 90186 **WTP-:** **Month/Year:** May 2022

Date / Time	Minimum Cl_2 Residual at 1st 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 /	2.1	150	315	12.2	7.2	42	Yes	
2 /	2.1	150	315	12.2	7.3	42	Yes	
3 /	2.1	150	315	12.2	7.2	42	Yes	
4 /	2.1	150	315	12.8	7.2	42	Yes	
5 /	2.0	150	300	12.8	7.2	41	Yes	
6 /	2.1	150	315	12.2	7.3	42	Yes	
7 /	2.0	150	300	12.2	7.2	41	Yes	
8 /	2.0	150	300	12.2	7.2	41	Yes	
9 /	2.0	150	300	12.2	7.3	41	Yes	
10 /	2.0	150	300	11.1	7.2	41	Yes	
11 /	2.1	150	315	11.1	7.1	42	Yes	
12 /	2.0	150	300	10.6	7.1	41	Yes	
13 /	1.8	150	270	11.1	7.1	41	Yes	
14 /	1.5	150	225	11.7	7.0	40	Yes	
15 /	1.5	150	225	12.2	7.2	40	Yes	
16 /	1.5	150	225	12.2	7.0	40	Yes	
17 /	1.5	150	225	12.8	7.0	40	Yes	
18 /	1.3	150	195	12.8	7.0	39	Yes	
19 /	1.3	150	195	12.8	7.0	39	Yes	
20 /	1.3	150	195	12.8	7.0	39	Yes	
21 /	1.5	150	225	13.3	7.1	40	Yes	
22 /	1.3	150	195	13.9	7.2	39	Yes	
23 /	1.3	150	195	13.9	7.1	39	Yes	
24 /	1.3	150	195	13.9	7.1	39	Yes	
25 /	1.5	150	225	14.4	7.1	40	Yes	
26 /	1.5	150	225	14.4	7.2	40	Yes	
27 /	1.3	150	195	15.6	7.3	26	Yes	
28 /	1.3	150	195	15.0	7.2	26	Yes	
29 /	1.2	150	180	15.0	7.1	25	Yes	
30 /	1.2	150	180	15.0	7.3	25	Yes	
31 /	1.2	150	180	15.0	7.1	25	Yes	

[3] If Cl_2 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