

**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:** JUN 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				0.059			
2				0.061			
3				0.054			
4				0.276			
5				0.126			
6				0.040			
7				0.044			
8				0.051			
9				0.043			
10				0.036			
11				0.070			
12				0.052			
13				0.049			
14				0.029			
15				0.092			
16				0.181			
17				0.172			
18				0.057			
19				0.048			
20				0.039			
21				0.035			
22				0.054			
23				0.061			
24				0.073			
25				0.035			
26				0.050			
27				0.071			
28				0.084			
29				0.061			
30				0.054			
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
	Monthly Summary	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> 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:	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 SELMA **OSPREY** ID #: **90186** WTP-: Month/Year: **Jul 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 /	1.1	150	165	15.6	7.3	25	YES	
2 /	1.2	150	180	15.0	7.3	25	YES	
3 /	0.9	150	135	15.6	7.2	25	YES	
4 /	0.9	150	135	15.6	7.3	25	YES	
5 /	0.9	150	135	15.6	7.2	25	YES	
6 /	0.9	150	135	15.6	7.3	25	YES	
7 /	1.1	150	165	15.6	7.3	25	YES	
8 /	1.2	150	180	17.8	7.3	25	YES	
9 /	1.2	150	180	18.3	7.4	25	YES	
10 /	1.2	150	180	18.3	7.4	25	YES	
11 /	1.2	150	180	18.3	7.4	25	YES	
12 /	1.4	150	210	18.3	7.3	26	YES	
13 /	1.4	150	210	18.3	7.3	26	YES	
14 /	1.4	150	210	18.3	7.4	26	YES	
15 /	1.4	150	210	18.3	7.2	26	YES	
16 /	1.4	150	210	18.3	7.4	26	YES	
17 /	1.4	150	210	18.3	7.3	26	YES	
18 /	1.5	150	225	18.9	7.3	26	YES	
19 /	1.3	150	295	19.4	7.2	25	YES	
20 /	1.5	150	225	19.4	7.2	26	YES	
21 /	1.5	150	225	19.4	7.2	26	YES	
22 /	1.5	150	225	19.4	7.3	26	YES	
23 /	1.5	150	225	20.0	7.2	26	YES	
24 /	1.5	150	225	20.0	7.4	26	YES	
25 /	1.5	150	225	20.6	7.4	26	YES	
26 /	1.5	150	225	20.6	7.2	20	YES	
27 /	1.5	150	225	20.6	7.3	20	YES	
28 /	1.5	150	225	21.1	7.4	20	YES	
29 /	1.5	150	225	21.1	7.4	20	YES	
30 /	1.5	150	225	21.1	7.3	20	YES	
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.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350