

**OHA - Drinking Water Program – Turbidity Monitoring Report Form County:  
Cartridge or Bag Filtration**

System Name: USFS Lost Lake ID #: 41 WTP: 92627 Month/Year: 4-25-21

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]
4-25	0	0	0	0	0	0	25	0.25	
4-26	10	11	9	8	19	19		0.25	
4-27	10	11	10	9	20	20		0.25	
4-28	12	13	12	11	24	24		0.27	
4-29	2	0	0	2	2	2		0.25	
4-30	8	4	6	7	14	11		0.25	
7								0.25	
8									
9									
10									
11									
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30									
31									

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <u>Yes / No</u>	All daily turbidity readings ≤ 5 NTU? <u>Yes / No</u>	CT's met everyday? (see back) <u>Yes / No</u>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>Yes / No</u>
<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: <u>Teff Springer</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>4-30-21</u>
		PHONE #: <u>(541) 386-6366</u>	CERT #:

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: 4-30-21

System Name: USFS Lost Lake		ID# 41		WTP 92627				
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 /								
2 /								
3 /								
4 /								
5 /								
6 /								
7 /								
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14 /								
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18 /								
19 /								
20 /								
21 /								
22 /								
23 /								
24 /								
25 /	2.2	116	255.	3.4	8.4	124	Y	3.000
26 /	2.1	116	243	3.4	8.4	124	Y	.33
27 /	2.1	116	243.	3.4	8.5	124	Y	1.154
28 /	2.0	116	232.	3.4	8.4	121	Y	.458
29 /	2.0	116	232	3.5	8.4	121	Y	.998
30 /	2.0	116	232	3.5	8.4	121	Y	2.539
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](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

**Mt Hood National Forest Filtration Records for Lost Lake Resort and Campground**

126.50 FT

Date	Turbidity	Chlorine	Temp.	PH	Daily Run 1	Running Total 1	Daily Run 2	Running Total 2	Daily Pump	Running Pump	Fitness-Charged
4-25	0.25	2.20	3.4	8.4			3516.290	3.000	11501.291	3.000	
4-26	0.25	2.17	3.4	8.4			3516.323	33	11503.281	1.990	
4-27	0.25	2.10	3.4	8.5	1137.672	1.073	3516.404	81	11505.783	2.502	
4-28	0.27	2.0	3.4	8.4	1138.125	.453	3516.409	5	11508.446	2.663	
4-29	0.25	2.0	3.5	8.4	1159.058	.933	3516.474	65	11518.446	0	412.381
4-30	0.25	2.0	3.5	8.4	1141.547	2.489	3516.524	50	11516.386	1.910	414.065

1,684

Notes:

