

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

System Name: Lake Superior Kellers Landing ID #: 94455 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 <sup>1</sup> [NTU]
1				.051			
2				.051			
3				.066			
4				.124			
5				.071			
6				.089			
7				.434			
8				.241			
9				.241			
10				.230			
11				.241			
12				.475			
13				.240			
14				.256			
15				.251			
16				.242			
17				.192			
18				.344			
19				.214			
20				.273			
21				.312			
22				.361			
23				.412			
24				.421			
25				.444			
26				.144			
27				.157			
28				.152			
29				.251			
30				.214			
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> <b>Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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>	<b>PRINTED NAME:</b>	
	<b>SIGNATURE:</b>	<b>DATE:</b>
	<b>PHONE #:</b> (      )	<b>CERT #:</b> <u>2379</u>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Services – Surface Water Quality Data Form**

System Name: Lake Samal Kellers Landing ID #: 94645 WTP-: \_\_\_\_\_ Month/Year: Jan 2022

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /	1.7	84	142	18.9	7.3	27	Yes	
2 /	1.7	84	142	18.9	7.3	27	Yes	
3 /	1.7	84	142	18.9	7.3	27	Yes	
4 /	1.8	84	151	18.9	7.2	27	Yes	
5 /	1.8	84	151	18.9	7.3	27	Yes	
6 /	1.8	84	151	18.9	7.3	27	Yes	
7 /	1.7	84	142	18.9	7.4	27	Yes	
8 /	1.6	84	134	18.9	7.3	26	Yes	
9 /	1.6	84	134	20.6	7.4	20	Yes	
10 /	1.5	84	126	20.6	7.2	20	Yes	
11 /	1.6	84	134	20.0	7.2	20	Yes	
12 /	1.6	84	134	20.0	7.2	20	Yes	
13 /	1.7	84	142	20.6	7.3	20	Yes	
14 /	1.7	84	142	20.6	7.3	20	Yes	
15 /	1.7	84	142	20.0	7.3	20	Yes	
16 /	1.6	84	134	20.0	7.3	20	Yes	
17 /	1.7	84	142	20.0	7.2	20	Yes	
18 /	1.6	84	134	19.4	7.4	26	Yes	
19 /	1.5	84	126	19.4	7.4	26	Yes	
20 /	1.5	84	126	19.4	7.4	26	Yes	
21 /	1.6	84	134	19.4	7.4	26	Yes	
22 /	1.7	84	142	19.4	7.3	27	Yes	
23 /	1.7	84	142	19.4	7.3	27	Yes	
24 /	1.7	84	142	19.4	7.3	27	Yes	
25 /	1.8	84	151	21.1	7.2	20	Yes	
26 /	1.7	84	142	22.8	7.2	20	Yes	
27 /	1.7	84	142	22.8	7.3	20	Yes	
28 /	1.7	84	142	22.8	7.4	20	Yes	
29 /	1.7	84	142	22.8	7.4	20	Yes	
30 /	1.7	84	142	22.8	7.3	20	Yes	
31 /							Yes	

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.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); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350