

**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 #: 94645 WTP-: \_\_\_\_\_ Month/Year: April 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				.284			
2				.281			
3				.262			
4				.223			
5				.192			
6				.113			
7				.048			
8				.042			
9				.051			
10				.061			
11				.146			
12				.151			
13				.148			
14				.037			
15				.031			
16				.032			
17				.041			
18				.047			
19				.043			
20				.036			
21				.036			
22				.160			
23				.039			
24				.038			
25				.041			
26				.032			
27				.044			
28				.045			
29				.042			
30				.040			
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>
	PHONE #: (       )	CERT #: <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 SALMON Mellers Landing

ID #

94645

WTP-:

Month/Year:

April 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 /	2.1	84	176	11.7	7.2	42	Yes	
2 /	2.0	84	168	11.7	7.2	41	Yes	
3 /	2.1	84	176	11.1	7.2	42	Yes	
4 /	1.8	84	151	11.7	7.1	41	Yes	
5 /	1.9	84	159	11.1	7.2	41	Yes	
6 /	1.9	84	159	11.1	7.1	41	Yes	
7 /	2.1	84	176	10.6	7.3	42	Yes	
8 /	2.1	84	176	10.6	7.2	42	Yes	
9 /	2.1	84	176	11.1	7.1	42	Yes	
10 /	2.1	84	176	10.6	7.1	42	Yes	
11 /	1.9	84	159	11.1	7.1	41	Yes	
12 /	1.9	84	159	10.0	7.2	41	Yes	
13 /	1.8	84	151	10.0	7.1	41	Yes	
14 /	1.7	84	142	11.1	7.2	41	Yes	
15 /	1.7	84	142	11.1	7.2	41	Yes	
16 /	1.8	84	151	11.7	7.2	41	Yes	
17 /	1.9	84	159	11.1	7.3	41	Yes	
18 /	1.9	84	159	11.7	7.3	41	Yes	
19 /	1.9	84	159	11.1	7.2	41	Yes	
20 /	2.0	84	168	11.1	7.3	41	Yes	
21 /	2.0	84	168	11.7	7.1	41	Yes	
22 /	2.0	84	168	12.2	7.3	41	Yes	
23 /	2.1	84	176	12.2	7.1	42	Yes	
24 /	2.1	84	176	12.2	7.1	42	Yes	
25 /	2.1	84	176	11.7	7.2	42	Yes	
26 /	1.9	84	159	12.2	7.2	41	Yes	
27 /	1.9	84	159	12.8	7.3	41	Yes	
28 /	1.9	84	159	12.8	7.1	41	Yes	
29 /	2.1	84	176	12.8	7.2	42	Yes	
30 /	2.1	84	176	12.8	7.2	42	Yes	
31 /								

<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