

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Teahua
 Month/Year: Oct 2008

Cartridge or Bag Filtration

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	40	40	0	40	0.62	
2	40	40	0	40	0.62	
3	40	40	0	40	0.62	
4	40	40	0	40	0.40	
5	40	40	0	40	0.35	
6	40	40	0	40	0.35	
7	40	40	0	40	0.35	
8	40	40	0	40	0.34	
9	40	40	0	40	0.34	
10	40	40	0	40	0.34	
11	40	40	0	40	0.34	
12	40	40	0	40	0.35	
13	40	40	0	40	0.35	
14	40	40	0	40	0.35	
15	40	40	0	40	0.35	
16	40	40	0	40	0.31	
17	40	40	0	40	0.36	
18	40	40	0	40	0.36	
19	40	40	0	40	0.36	
20	40	40	0	40	0.21	
21	40	40	0	40	0.35	
22	40	40	0	40	0.35	
23	40	40	0	40	0.35	
24	40	40	0	40	0.35	
25	40	40	0	40	0.35	
26	40	40	0	40	0.35	
27	40	40	0	40	0.35	
28	40	40	0	40	0.35	
29	40	40	0	40	0.10	
30	40	40	0	40	0.10	
31	40	40	0	40	0.37	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No Notes: 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.	Monthly Summary (Answer Yes or 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	
	PRINTED NAME: <u>Lillie Hazeltov</u> SIGNATURE: <u>Lillie Hazeltov</u> PHONE #: <u>(541) 415-9288</u>	DATE: <u>Nov 2, 2008</u> CERT #:

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.
 PAGE 1 of 2

OHA - Drinking Water Services - Surface Water Quality Data Form

Month/Year: Oct 2021

System Name: 259/GPM		ID# 41		WTP				
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.0	60	60	19.0	8.2	30	Y	3
2/	1.0	75	75	19.0	8.2	30	Y	3
3/	1.0	60	60	19.0	8.2	30	Y	3
4/	1.0	95	95	18.0	8.2	30	Y	3
5/	1.0	90	90	18.0	8.2	30	Y	3
6/	1.0	60	60	18.0	8.2	30	Y	3
7/	1.0	60	60	18.0	8.2	30	Y	3
8/	1.0	60	60	18.0	8.2	30	Y	3
9/	1.0	90	90	18.0	8.2	30	Y	3
10/	1.0	95	95	18.0	8.2	30	Y	3
11/	1.0	70	70	18.0	8.2	30	Y	3
12/	1.0	60	60	17.0	8.5	33	Y	3
13/	1.0	60	60	17.0	8.5	33	Y	3
14/	1.0	65	65	17.0	8.5	33	Y	3
15/	1.0	90	90	16.0	8.5	33	Y	3
16/	1.0	65	65	16.0	8.5	33	Y	3
17/	1.0	90	90	16.0	8.5	33	Y	3
18/	1.0	90	90	16.0	8.5	33	Y	3
19/	1.0	70	70	16.0	8.5	33	Y	3
20/	1.0	70	70	15.9	8.5	33	Y	3
21/	1.0	95	95	15.9	8.5	33	Y	3
22/	1.0	90	90	15.0	8.5	33	Y	3
23/	1.0	75	75	15.0	8.5	33	Y	3
24/	1.0	70	70	15.0	8.5	33	Y	3
25/	1.0	95	95	15.0	8.5	33	Y	3
26/	1.0	60	60	15.0	8.5	33	Y	3
27/	1.0	60	60	15.0	8.5	33	Y	3
28/	1.0	75	75	15.0	8.5	33	Y	3
29/	1.0	80	80	15.0	8.5	33	Y	3.0
30/	1.0	85	85	15.0	8.5	33	Y	3.0
31/	1.0	60	60	15.0	8.5	33	Y	4.3

² If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Revised August 2016

Return by 10th of following month by email, fax or mail to:

dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350