

Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: **City of Carlton**

ID #: **41 00171**

Month/Year: **03/23**

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1								
2								
3								
4	<i>On McMinville Water</i>							
5	<i>On McMinville Water</i>							
6		Off	/	.19	/	.05	.19	413
7	/	/	/	.06	.12	/	.12	409
8	/	/	/	/	.02	/	.02	405
9	.04	/	/	.04	.02	.05	.31	408
10	.05	.16	.16	.12	.02	/	.21	406
11	<i>On McMinville Water</i>							
12	<i>On McMinville Water</i>							
13	/	/	/	.14	/	.05	.14	420
14	/	/	/	.04	.02	/	.21	399
15	.12	/	/	/	.09	/	.21	419
16	.04	.02	.02	.05	.06	.02	.06	413
17	/	/	/	.04	.04	/	.15	415
18	.03	/	/	.04	.02	/	.19	412
19	/	/	/	/	.04	.02	.32	403
20	.03	/	/	.07	.02	/	.09	408
21	.18	/	/	.11	.02	/	.20	411
22	/	.25	/	.05	.06	/	.28	400
23	/	/	/	.05	.67	/	.67	426
24	.15	.86	.05	/	.17	.06	.86	410
25	.06	/	/	.09	.02	.06	.12	406
26	/	.06	.06	.02	.11	/	.16	417
27	.03	/	/	.16	.08	/	.16	397
28	.03	/	/	.09	/	/	.09	407
29	/	/	/	.02	.06	.10	.17	406
30	.03	.03	.04	.02	.06	/	.19	386
31	/	.04	/	.03	.03	/	.08	386

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of turbidity readings \leq 0.3 NTU? All turbidity readings < 1 NTU? All turbidity readings < IFE triggers?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No ¹	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="radio"/> Yes / <input type="radio"/> No
- OR -		PRINTED NAME: <i>Bryan W Burnham</i>		
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: <i>Bryan W Burnham</i>		DATE: <i>4/7/23</i>	
95% of turbidity readings \leq 1 NTU? All turbidity readings < 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	PHONE #: <i>(503) 852-3104</i>		CERT #: <i>6201 FE</i>

¹ IFE = Individual Filter Effluent

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PAGE 1 of 2

Oregon DHS - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Carlton	ID #: 4100171
Month/Year: 03/23	

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No
1 /							
2 /							
3 /							
4 /							
5 /							
6 / 12:40	1.4	72	100	8	7.6	62	Y
7 / 2:00	1.4	72	100	8	7.5	58	Y
8 / 2:00	1.4	72	100	9	7.5	56	Y
9 / 9:45	1.5	72	108	7	7.7	68	Y
10 / 11:00	1.4	72	100	9	7.7	61	Y
11 /							
12 /							
13 / 9:40	1.5	72	108	9	7.7	61	Y
14 / 12:00	1.5	72	108	9	7.6	59	Y
15 / 11:00	1.4	72	100	9	7.4	54	Y
16 / 9:00	1.5	72	108	9	7.4	54	Y
17 / 9:40	1.5	72	108	8	7.4	58	Y
18 /	1.5	72	108	8	7.4	58	Y
19 /	1.5	72	108	9	7.4	54	Y

On Mc Minnville Water

On Mc Minnville Water

20 / 10:30	1.5	72	108	9	7.4	54	Y
21 / 12:30	1.4	72	100	9	7.5	56	Y
22 / 11:30	1.6	72	115	9	7.4	55	Y
23 / 8:30	1.5	72	108	8	7.6	62	Y
24 / 10:30	1.5	72	108	8	7.7	65	Y
25 / 8:00	1.4	72	100	9	7.5	56	Y
26 / 8:00	1.6	72	115	9	7.5	57	Y
27 / 9:30	1.5	72	108	10	7.3	49	Y
28 / 1:00	1.4	72	100	10	7.5	52	Y
29 / 9:00	1.5	72	108	10	7.4	52	Y
30 / 9:00	1.0	72	72	11	7.2	42	Y
31 / 11:00	1.5	72	108	10	7.2	48	Y