

Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Carlton

ID #: 41 00171

Month/Year: 5/2023

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	.03	OFF	.09	.03	.02	/	.29	371
2	.02	.02	/	/	.03	/	.04	383
3	.03	/	/	.02	.02	.02	.06	371
4	.02	.03	/	.02	.02	.02	.21	372
5	.02	.02	/	.02	.03	.05	.14	376
6	.04	/	/	.02	.02	.02	.05	374
7	.04	/	/	.02	.02	.02	.09	370
8	.02	.03	/	.02	.02	.02	.11	376
9	.02	.04	/	.02	.02	.02	.06	377
10	.02	.04	/	.03	.03	.02	.07	359
11	.04	.04	/	.03	.03	.03	.09	375
12	.02	.04	.05	.02	.02	.19	.25	368
13	.16	.14	/	.02	.30	.20	.38	371
14	.14	.14	.17	.14	.14	.66	.66	387
15	.14	.25	.34	.20	.06	.07	.40	317
16	.02	.05	/	.06	.08	.09	.28	318
17	.10	.08	/	.08	.09	.11	.12	321
18	/	.06	.07	.02	/	.04	.09	309
19	.08	.04	/	/	.05	.07	.10	323
20	.07	/	.07	.07	.08	.10	.11	323
21	/	.08	/	.07	.09	.09	.09	355
22	/	/	.07	.07	.08	.02	.10	355
23	/	.07	.07	.08	/	.07	.09	312
24	.07	/	/	.08	.10	/	.12	367
25	.08	.08	.09	.08	.08	.10	.12	303
26	.10	.08	.08	.11	/	.09	.11	303
27	.10	.11	/	.09	.10	.11	.13	364
28	/	.10	.10	/	.09	.10	.13	329
29	.13	/	.09	.11	/	.11	.15	321
30	.12	.13	/	.12	.13	/	.14	319
31	.11	.11	.11	.10	.11	.12	.14	323

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE triggers? <input checked="" type="radio"/> Yes / No ¹	CTs met every day? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No	Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="radio"/> Yes / No
- OR -	PRINTED NAME: Bryan W Buvuhau		
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: Bryan W Buvuhau	DATE: 5-8-23	
95% of turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / No All-turbidity readings < 5 NTU? <input checked="" type="radio"/> Yes / No	PHONE #: (503) 852 - 3104		CERT #: 6201

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
Month/Year: 05/2023

ID #: 4100171

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 / 11:30	1.3	72	95	15	7.3	30	Y
2 / 11:30	1.5	72	108	11	7.2	45	Y
3 / 1:30	1.5	72	108	11	7.2	45	Y
4 / 11:30	1.5	72	108	12	7.2	43	Y
5 / 11:00	1.5	72	108	12	7.2	43	Y
6 / 9:00	1.5	72	108	12	7.2	42	Y
7 / 9:00	1.4	72	100	11	7.3	45	Y
8 / 9:30	1.4	72	100	11	7.3	45	Y
9 / 11:30	1.3	72	95	12	7.6	48	Y
10 / 9:00	1.4	72	100	12	7.3	43	Y
11 / 9:00	1.4	72	100	12	7.5	47	Y
12 / 9:30	1.6	72	115	15	7.3	35	Y
13 / 8:00	1.6	72	115	15	7.3	32	Y
14 / 8:00	1.5	72	108	16	7.2	30	Y
15 / 8:00	1.5	72	108	16	7.2	30	Y
16 / 11:30	1.4	72	100	16	7.3	31	Y
17 / 11:00	1.5	72	108	16	7.2	30	Y
18 / 8:00	1.4	72	100	16	7.2	30	Y
19 / 8:00	1.5	72	108	16	7.2	30	Y

20 / 8:00	1.5	72	108	16	7.2	30	Y
21 / 8:00	1.5	72	108	15	7.3	31	Y
22 / 3:00	1.5	72	108	15	7.3	31	Y
23 / 8:00	1.5	72	108	15	7.2	33	Y
24 / 10:00	1.5	72	108	15	7.2	33	Y
25 / 9:00	1.4	72	100	16	7.2	30	Y
26 / 9:00	1.5	72	100	17	7.5	32	Y
27 / 9:00	1.5	72	108	15	7.2	33	Y
28 / 9:00	1.5	72	108	15	7.2	33	Y
29 / 9:00	1.5	72	108	15	7.2	33	Y
30 / 12:00	1.5	72	108	15	7.2	33	Y
31 / 12:00	1.5	72	108	14	7.2	36	Y