

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Coos

Conventional or Direct Filtration

Month/Year: May-21

System Name: Garden Valley Water Dist. ID#: 41 00214 WTP : TP -

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	0.10	0.10	0.10	0.10	0.10	0.11	0.11
2	0.20	0.20	0.20	0.20	0.20	0.25	0.25
3	0.20	0.20	0.20	0.20	0.30	0.30	0.30
4	0.20	0.20	0.20	0.20	0.20	0.21	0.21
5	0.20	0.20	0.20	0.20	0.20	0.26	0.26
6	0.20	0.20	0.20	0.20	0.20	0.25	0.25
7	0.10	0.10	0.10	0.10	0.10	0.07	0.10
8	0.10	0.10	0.10	0.10	0.10	0.14	0.14
9	0.20	0.20	0.20	0.20	0.20	0.18	0.20
10	0.10	0.10	0.10	0.10	0.10	0.08	0.10
11	0.10	0.10	0.10	0.10	0.10	0.16	0.16
12	0.10	0.10	0.10	0.10	0.10	0.09	0.10
13	0.10	0.10	0.10	0.10	0.10	0.13	0.13
14	0.10	0.10	0.10	0.10	0.10	0.10	0.10
15	0.10	0.10	0.10	0.10	0.10	0.14	0.14
16	0.20	0.20	0.20	0.20	0.20	0.19	0.20
17	0.10	0.10	0.10	0.10	0.10	0.11	0.11
18	0.30	0.30	0.30	0.30	0.30	0.27	0.30
19	0.10	0.10	0.10	0.10	0.10	0.08	0.10
20	0.10	0.10	0.10	0.10	0.10	0.09	0.10
21	0.30	0.30	0.30	0.30	0.30	0.35	0.35
22	0.10	0.10	0.10	0.10	0.10	0.14	0.14
23	0.10	0.10	0.10	0.10	0.10	0.12	0.12
24	0.10	0.10	0.10	0.10	0.10	0.09	0.10
25	0.10	0.10	0.10	0.10	0.10	0.14	0.14
26	0.20	0.20	0.20	0.20	0.20	0.19	0.19
27	0.20	0.20	0.20	0.20	0.20	0.22	0.22
28	0.30	0.30	0.30	0.30	0.30	0.31	0.31
29	0.20	0.20	0.20	0.20	0.20	0.18	0.20
30	0.30	0.30	0.30	0.30	0.33	0.33	0.33
	0.30	0.30	0.30	0.30	0.30	0.30	0.30

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<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
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Raymond J. Doan		DATE: 6/2/21
	SIGNATURE: [Signature]		CERT #: 76572
	PHONE #: (541) 866-4074		

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))



OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	Garden Valley Water Dist.	ID#: 41	00214	Month/Year:	May-21	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	---------------------------	---------	-------	-------------	--------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.1	45	49.5	15.0	7.30	30.8	YES	50
2	1.4	45	63.0	15.0	7.30	31.9	YES	50
3	1.4	45	63.0	15.0	7.40	33.1	YES	50
4	1.4	45	63.0	15.0	7.40	33.1	YES	50
5	1.1	45	49.5	15.0	7.40	32.0	YES	50
6	1	45	45.0	15.0	7.40	31.6	YES	50
7	1	45	45.0	13.0	7.40	36.1	YES	50
8	1	45	45.0	13.0	7.40	36.1	YES	50
9	1	45	45.0	14.0	7.40	33.8	YES	50
10	1.2	45	54.0	14.0	7.40	34.5	YES	50
11	1.2	45	54.0	15.0	7.40	32.3	YES	50
12	1.2	45	54.0	15.0	7.40	32.3	YES	50
13	1.1	45	49.5	15.0	7.40	32.0	YES	50
14	1.1	45	49.5	14.0	7.40	34.2	YES	50
15	1.2	45	54.0	14.0	7.40	34.5	YES	50
16	1.4	45	63.0	14.0	7.40	35.3	YES	50
17	1.2	45	54.0	15.0	7.40	32.3	YES	50
18	1.3	45	58.5	14.0	7.40	34.9	YES	50
19	1.3	45	58.5	14.0	7.20	32.5	YES	50
20	1	45	45.0	12.0	7.20	36.3	YES	50
21	1.2	45	54.0	13.0	7.20	34.3	YES	50
22	1.2	45	54.0	13.0	7.20	34.3	YES	50
23	1.2	45	54.0	13.0	7.20	34.3	YES	50
24	1.3	45	58.5	13.0	7.20	34.7	YES	50
25	1.3	45	58.5	14.0	7.20	32.5	YES	50
26	1.2	45	54.0	14.0	7.20	32.1	YES	50
27	1.2	45	54.0	15.0	7.20	30.0	YES	50
28	1.4	45	63.0	14.0	7.20	32.8	YES	50
29	1.3	45	58.5	15.0	7.20	30.4	YES	50
30	1.2	45	54.0	16.0	7.20	28.1	YES	50
31	1.2	45	54.0	16.0	7.20	28.1	YES	50

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350