

# OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Washington

## Conventional or Direct Filtration

System Name: FOREST GROVE, CITY OF		ID #: 4100305 WTP--WTP-A			Month/Year:		Apr-23
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	off	off	off	off	off	off	off
2	off	off	off	off	off	off	off
3	off	off	off	off	off	off	off
4	off	off	off	off	off	off	off
5	off	off	off	off	off	off	off
6	off	off	off	off	off	off	off
7	off	off	off	off	off	off	off
8	off	off	off	off	off	off	off
9	off	off	off	off	off	off	off
10	off	off	off	off	off	off	off
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	off	off	off	off	off	off	off
14	off	off	off	off	off	off	off
15	off	off	off	off	off	off	off
16	off	off	off	off	off	off	off
17	off	off	off	off	off	off	off
18	off	off	off	off	off	off	off
19	off	off	off	off	off	off	off
20	off	off	off	off	off	off	off
21	off	off	off	off	off	off	off
22	off	off	off	off	off	off	off
23	off	off	off	off	off	off	off
24	off	off	off	off	off	off	off
25	off	off	off	off	off	off	off
26	off	off	off	off	off	off	off
27	off	off	off	off	off	off	off
28	off	off	off	off	off	off	off
29	off	off	off	off	off	off	off
30	off	off	off	off	off	off	off
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of turbidity readings $\leq$ 0.3 NTU? <b>Yes / No</b>				CT's met everyday? <b>Yes / No</b>			
All turbidity readings < 1 NTU? <b>Yes / No</b>				(see back)			
All turbidity readings < IFE triggers? <b>Yes / No<sup>2</sup></b>				<b>Yes / No</b>		All CL <sub>2</sub> residuals at entry point $\geq$ 0.2mg/l? <b>Yes / No</b>	
<b>Notes:</b>				Printed Name: <u>ANDREW J SEWALL</u>			
				Signature: <u>[Signature]</u>		Date: <u>5/1/23</u>	
				Phone #: (503) 992-3259		CERT #: <u>9171</u>	

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8PM" may not correspond to continuous readings' maximum.

<sup>2</sup> IFE - Individ. Filter Effl. (OAR 333-061-0040(e)(B&C))

**OHA - Drinking Water Program - Surface Water Quality Data Form**

FOREST GROVE, CITY OF ID #: OR4100305 WTP-: WTP-A				Month / Year		Apr-23		Required Log inactivation: 0.5
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met ? <sup>3</sup>	Maximum Reservoir Outflow
	[ppm or mg/l]	minutes	C x T	[ C ]		Use tables	Yes / No	[GPM]
1 / 8 am	0.82	229	188.1	10.00	7.84	off	YES	2060.00
2 / 8 am	0.85	249	211.8	10.00	7.81	off	YES	1896.00
3 / 8 am	0.89	200	177.7	9.80	7.89	off	YES	2331.00
4 / 8 am	0.95	213	202.8	9.80	7.87	off	YES	2246.00
5 / 8 am	0.88	255	224.4	10.00	7.90	off	YES	1853.00
6 / 8 am	0.87	261	227.4	10.00	7.78	off	YES	1808.00
7 / 8 am	0.83	228	189.1	10.00	7.89	off	YES	2212.00
8 / 8 am	0.86	260	223.3	10.00	7.90	off	YES	1820.00
9 / 8 am	0.92	246	226.3	10.20	7.84	off	YES	1949.00
10 / 8 am	0.90	243	219.0	10.20	7.97	off	YES	1899.00
11 / 8 am	0.90	250	225.0	10.20	7.82	off	YES	1862.00
12 / 8 am	0.87	242	210.5	10.20	7.78	off	YES	1953.00
13 / 8 am	0.84	228	191.6	10.50	7.86	off	YES	2133.00
14 / 8 am	0.84	241	202.6	10.50	7.78	off	YES	1945.00
15 / 8 am	0.86	242	207.7	10.50	7.89	off	YES	1956.00
16 / 8 am	0.88	258	227.1	10.90	7.88	off	YES	1817.00
17 / 8 am	0.88	213	187.2	10.60	7.81	off	YES	2172.00
18 / 8 am	0.81	182	147.4	10.80	7.77	off	YES	2597.00
19 / 8 am	0.86	158	136.0	10.80	7.78	off	YES	2877.00
20 / 8 am	0.89	182	162.2	10.80	7.81	off	YES	2574.00
21 / 8 am	0.90	249	224.5	10.50	7.91	off	YES	1936.00
22 / 8 am	0.89	351	312.4	10.70	7.78	off	YES	1386.00
23 / 8 am	0.87	233	203.0	10.40	7.78	off	YES	1980.00
24 / 8 am	0.82	271	222.2	10.90	7.79	off	YES	1718.00
25 / 8 am	0.88	254	223.9	11.00	7.77	off	YES	1788.00
26 / 8 am	0.88	257	226.2	11.10	7.70	off	YES	1784.00
27 / 8 am	0.84	263	220.8	11.80	7.79	off	YES	1731.00
28 / 8 am	0.83	240	199.5	12.00	7.86	off	YES	1908.00
29 / 8 am	0.82	267	219.1	12.00	7.74	off	YES	1768.00
30 / 8 am	0.80	231	184.9	12.00	7.65	off	YES	2059.00

<sup>3</sup> If Cl<sub>2</sub> at entry point <0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Download form at: [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)