

**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: Nov-24	
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	0.02	0.02	0.02	0.02	0.02	off	0.04
2	off	off	off	0.07	0.05	off	0.09
3	off	off	off	0.03	0.05	0.03	0.06
4	0.04	0.03	0.05	0.09	0.03	0.02	0.09
5	0.02	0.02	0.02	0.01	0.01	0.02	0.02
6	0.02	0.01	0.01	0.02	0.01	0.02	0.02
7	0.02	0.02	0.01	0.01	0.01	0.01	0.02
8	0.01	0.01	0.01	0.02	0.02	0.01	0.02
9	0.01	0.02	0.01	0.02	0.02	0.02	0.02
10	0.02	0.02	0.02	0.01	0.01	0.01	0.02
11	0.01	0.02	0.02	0.02	0.03	0.03	0.06
12	0.03	0.03	off	off	off	off	0.03
13	off	off	off	off	off	off	off
14	off	off	off	off	0.03	off	0.08
15	off	off	off	0.10	0.02	0.02	0.11
16	0.02	0.02	0.02	0.02	off	off	0.03
17	off	off	off	0.02	0.02	0.02	0.03
18	0.02	0.03	0.02	0.02	0.02	0.02	0.03
19	0.02	0.02	0.02	0.02	0.02	0.01	0.03
20	off	off	off	off	0.02	0.02	0.03
21	0.02	0.02	0.02	0.02	0.02	0.02	0.03
22	0.02	0.02	off	0.02	0.02	0.02	0.03
23	0.02	0.02	0.02	0.02	0.02	0.02	0.03
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02
25	off	off	off	0.02	0.02	0.02	0.03
26	0.02	0.02	0.02	0.02	0.02	0.02	0.03
27	0.02	0.02	0.02	0.02	0.02	0.02	0.05
28	0.02	0.02	0.02	0.02	0.02	0.02	0.03
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.02	0.02
<u>Conventional or Direct Filtration</u>				Monthly Summary (Answer Yes or No)			
95% of turbidity readings \leq 0.3 NTU? <u>Yes</u> / No				CT's met everyday? All CL ₂ residuals at entry point \geq			
All turbidity readings < 1 NTU? <u>Yes</u> / No				(see back)			
All turbidity readings < IFE triggers? <u>Yes</u> / No ²				<u>Yes</u> / No		0.2mg/l? <u>Yes</u> / No	
Notes:				Printed Name: <u>HANDY SENALL</u>			
				Signature: <u>[Signature]</u>			Date: <u>12/3/24</u>
				Phone #: (503) 992-8259			CERT #: <u>9171</u>

¹ 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.

² 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		Nov-24		Required Log Inactivation: 0.5
Date / Time	Minimum Cl ₂ Residual at 1st User(C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met ? ³	Maximum Reservoir Outflow
	[ppm or mg/l]	minutes	C x T	[C]		Use tables	Yes / No	[GPM]
1 / 8 am	0.57	189	108.0	11.80	6.95	18	YES	2439.00
2 / 8 am	0.59	200	118.2	12.00	6.78	18	YES	2376.00
3 / 8 am	0.55	175	96.1	12.00	6.92	18	YES	2605.00
4 / 8 am	0.63	186	117.5	12.10	6.84	18	YES	2496.00
5 / 8 am	0.77	178	136.9	11.90	6.92	18	YES	2717.00
6 / 8 am	0.86	205	176.5	11.60	6.97	19	YES	2405.00
7 / 8 am	0.94	195	183.6	11.30	6.95	19	YES	2544.00
8 / 8 am	1.00	191	190.6	11.10	6.89	19	YES	2552.00
9 / 8 am	1.04	212	220.9	11.00	6.86	19	YES	2356.00
10 / 8 am	1.08	240	259.4	10.90	6.92	19	YES	2113.00
11 / 8 am	1.06	220	232.7	11.00	6.87	19	YES	2312.00
12 / 8 am	0.87	191	166.6	11.00	6.85	19	YES	2230.00
13 / 8 am	0.87	880	765.5	11.80	6.78	off	YES	541.00
14 / 8 am	0.82	245	201.0	11.50	7.24	22	YES	1956.00
15 / 8 am	0.83	206	170.7	11.20	6.79	19	YES	2229.00
16 / 8 am	0.80	203	162.4	11.10	6.86	18	YES	2259.00
17 / 8 am	0.84	162	136.0	11.00	6.77	19	YES	2831.00
18 / 8 am	0.92	211	194.0	11.00	6.76	19	YES	2224.00
19 / 8 am	0.80	163	130.6	10.50	6.51	18	YES	2702.00
20 / 8 am	0.82	199	163.3	11.30	7.08	19	YES	2408.00
21 / 8 am	0.89	159	141.2	10.50	6.42	16	YES	2823.00
22 / 8 am	0.85	219	186.0	10.80	6.39	16	YES	2047.00
23 / 8 am	0.86	182	156.7	10.80	6.43	16	YES	2728.00
24 / 8 am	0.84	183	153.9	10.80	6.47	16	YES	2579.00
25 / 8 am	0.82	206	168.6	10.80	6.52	19	YES	2281.00
26 / 8 am	0.84	154	129.8	10.80	6.51	19	YES	2945.00
27 / 8 am	0.84	183	153.5	10.40	6.52	19	YES	2567.00
28 / 8 am	0.86	200	171.7	10.10	6.54	19	YES	2472.00
29 / 8 am	0.85	228	194.1	10.00	6.63	19	YES	2269.00
30 / 8 am	0.84	225	188.7	9.90	6.52	25	YES	2150.00

³ If Cl₂ at entry point <0.2 mg/l, OR CT not met, notify DWP by end of next business day.