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-25

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	0.02
2	off	off	off	Off	Off	Off	Off
3	Off	Off	Off	Off	0.01	0.01	0.02
4	0.01	0.01	0.01	0.03	0.02	0.01	0.03
5	0.01	0.01	0.01	0.02	0.02	0.01	0.03
6	0.01	0.01	0.01	0.01	0.02	0.01	0.02
7	0.01	0.01	0.01	0.01	0.01	0.01	0.02
8	0.01	0.01	0.02	0.01	0.01	0.01	0.06
9	0.02	0.02	0.01	0.01	0.02	0.02	0.03
10	0.01	0.02	0.01	0.02	0.01	0.02	0.02
11	0.02	0.02	0.02	0.01	0.01	0.01	0.02
12	0.01	0.02	0.01	0.02	0.02	0.02	0.02
13	0.02	0.01	0.01	0.01	0.02	0.02	0.02
14	0.01	0.02	0.01	0.01	0.02	0.05	0.05
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02
16	0.02	0.02	0.02	0.02	0.02	0.02	0.02
17	0.01	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.02	0.02	0.02	0.02	0.06
19	0.02	0.02	0.02	0.02	0.02	0.02	0.02
20	0.02	0.01	0.02	0.01	0.02	0.01	0.02
21	0.01	0.02	0.02	0.01	0.01	0.02	0.06
22	0.02	0.02	0.02	0.02	0.02	0.02	0.02
23	0.01	0.02	0.02	0.02	0.02	0.02	0.02
24	0.02	0.01	0.02	0.02	0.01	0.01	0.02
25	0.02	0.01	0.01	0.01	0.02	0.02	0.03
26	0.01	0.01	0.01	0.02	0.02	0.02	0.02
27	0.01	0.01	0.01	0.01	0.02	0.04	0.06
28	0.02	0.01	0.01	0.02	0.01	0.02	0.03
29	0.02	0.02	0.02	0.02	0.01	0.01	0.02
30	0.01	0.01	0.01	0.01	0.01	0.05	0.09

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)
95% of turbidity readings ≤ 0.3 NTU? (Yes) / No	CT's met everyday? (see back) (Yes) / No
All turbidity readings < 1 NTU? (Yes) / No	All CL_2 residuals at entry point ≥ 0.2mg/l? (Yes) / No
All turbidity readings < IFE triggers? (Yes) / No[2]	

Notes:

Printed Name: [illegible]

Signature: [signature]

Date: 5/6/25

Phone #: (503) 992-3259

CERT #: 9171

[1] Including continuous turbidity data, if applicable, for optimazation recording purposes. Compliance values in columns "12 AM" through "8PM" may not corrispond 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: Apr-25 | 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	0.74	153	113.3	10.00	6.65	18	YES	3087.00
2 / 8 am	0.72	211	151.8	10.50	6.75	off	YES	2241.00
3 / 8 am	0.73	179	131.0	10.80	7.27	22	YES	2692.00
4 / 8 am	0.81	112	90.8	10.00	6.80	19	YES	4370.00
5 / 8 am	0.83	217	179.9	10.00	6.80	19	YES	2293.00
6 / 8 am	0.74	214	158.4	10.10	6.72	18	YES	2387.00
7 / 8 am	0.72	192	138.1	10.20	6.72	18	YES	2682.00
8 / 8 am	0.72	127	91.3	10.40	6.64	18	YES	3643.00
9 / 8 am	0.73	176	128.7	10.20	6.65	18	YES	2739.00
10 / 8 am	0.73	195	142.3	10.40	6.53	18	YES	2568.00
11 / 8 am	0.69	229	158.2	10.30	6.84	18	YES	2290.00
12 / 8 am	0.71	209	148.6	10.50	6.99	18	YES	2408.00
13 / 8 am	0.72	219	157.9	10.10	7.03	22	YES	2314.00
14 / 8 am	0.74	169	125.1	10.10	7.12	22	YES	2981.00
15 / 8 am	0.74	173	128.2	10.40	7.05	22	YES	2787.00
16 / 8 am	0.74	150	111.0	11.00	7.08	22	YES	3197.00
17 / 8 am	0.74	112	83.1	11.00	7.06	22	YES	4085.00
18 / 8 am	0.74	189	139.8	11.00	6.95	18	YES	2667.00
19 / 8 am	0.74	183	135.7	11.10	7.05	22	YES	2768.00
20 / 8 am	0.73	181	132.2	11.10	6.91	18	YES	2841.00
21 / 8 am	0.74	182	135.0	11.10	7.09	22	YES	2744.00
22 / 8 am	0.74	171	126.5	11.00	7.13	22	YES	2990.00
23 / 8 am	0.73	164	119.8	11.00	7.15	22	YES	3028.00
24 / 8 am	0.72	150	107.8	11.10	7.11	22	YES	3202.00
25 / 8 am	0.71	168	119.4	11.20	7.11	22	YES	2768.00
26 / 8 am	0.71	149	106.0	11.30	7.11	22	YES	3377.00
27 / 8 am	0.71	149	105.8	11.80	7.14	22	YES	3382.00
28 / 8 am	0.71	111	78.6	11.60	7.17	22	YES	4269.00
29 / 8 am	0.71	123	87.6	11.60	7.14	22	YES	3828.00
30 / 8 am	0.68	114	77.3	11.90	7.11	22	YES	4035.00

[3] If Cl_2 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