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: Sep-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	0.01	0.01	0.01	0.01	0.02	0.02	0.02
2	0.02	0.01	0.01	0.01	0.01	0.01	0.01
3	0.01	0.01	0.01	0.02	0.02	0.02	0.02
4	0.02	0.02	0.02	0.01	0.02	0.01	0.02
5	0.01	0.01	0.02	0.01	0.02	0.02	0.02
6	0.02	0.01	0.01	0.02	0.02	0.02	0.03
7	0.02	0.02	0.02	0.02	0.02	0.02	0.03
8	0.01	0.01	0.01	0.02	0.02	0.02	0.02
9	0.02	0.01	0.01	0.02	0.02	0.02	0.03
10	0.02	0.02	0.02	0.01	0.01	0.01	0.02
11	0.01	0.01	0.01	0.02	0.02	0.02	0.03
12	0.02	0.01	0.01	0.01	0.01	0.01	0.02
13	0.01	0.01	0.01	0.01	0.02	0.02	0.02
14	0.02	0.02	0.02	0.01	0.01	0.01	0.02
15	0.02	0.02	0.02	0.01	0.02	0.02	0.03
16	0.02	0.02	0.02	0.02	0.02	0.01	0.02
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.01	0.02	0.02	0.01	0.02
19	0.01	0.01	0.01	0.02	0.02	0.02	0.03
20	0.02	0.02	0.02	0.02	0.02	0.02	0.02
21	0.01	0.01	0.01	0.01	0.02	0.02	0.02
22	0.02	0.02	0.01	0.01	0.01	0.01	0.03
23	0.02	0.02	0.02	0.02	0.02	0.02	0.03
24	0.02	0.01	0.01	0.01	0.02	0.01	0.02
25	0.02	0.01	0.01	0.02	0.02	0.02	0.02
26	0.01	0.01	0.01	0.01	0.02	0.02	0.02
27	0.01	0.01	0.01	0.02	0.02	0.02	0.02
28	0.02	0.02	0.01	0.01	0.01	0.01	0.02
29	0.01	0.01	0.01	0.01	0.02	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.02	0.02

Conventional or Direct Filtration

95% of turbidity readings ≤ 0.3 NTU? **Yes** / **No**

All turbidity readings < 1 NTU? **Yes** / **No**

All turbidity readings < IFE triggers? **Yes** / **No**[2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) **Yes** / **No**

All CL_2 residuals at entry point ≥ 0.2mg/l? **Yes** / **No**

Notes:

Printed Name: Andrew Scurtu

Signature: [signature] Date: 10/6/25

Phone #: (503) 992-3259 CERT #: 9,7,

[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: Sep-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	0.77	152	116.8	18.10	7.42	15	YES	3093.00
2 / 8 am	0.72	125	90.0	18.10	7.41	15	YES	3754.00
3 / 8 am	0.80	128	102.0	18.00	7.36	15	YES	3677.00
4 / 8 am	0.85	145	123.5	18.20	7.38	15	YES	3396.00
5 / 8 am	0.85	152	129.1	18.20	7.34	15	YES	3203.00
6 / 8 am	0.73	109	79.9	18.40	7.38	15	YES	4220.00
7 / 8 am	0.73	149	108.5	18.40	7.49	15	YES	3086.00
8 / 8 am	0.73	140	101.9	18.10	7.48	15	YES	3386.00
9 / 8 am	0.71	142	100.7	18.00	7.36	15	YES	3259.00
10 / 8 am	0.73	133	96.9	17.90	7.41	15	YES	3534.00
11 / 8 am	0.72	96	69.3	18.00	7.43	15	YES	4765.00
12 / 8 am	0.72	132	94.7	18.00	7.40	15	YES	3459.00
13 / 8 am	0.72	147	105.5	17.90	7.39	15	YES	3391.00
14 / 8 am	0.73	177	129.2	17.80	7.49	15	YES	2710.00
15 / 8 am	0.81	185	150.1	17.20	7.46	15	YES	2645.00
16 / 8 am	0.68	140	95.3	17.20	7.40	15	YES	3295.00
17 / 8 am	0.79	138	108.7	17.00	7.42	15	YES	3383.00
18 / 8 am	0.75	137	102.7	17.00	7.50	15	YES	3424.00
19 / 8 am	0.76	134	101.9	17.10	7.45	15	YES	3367.00
20 / 8 am	0.79	167	132.2	17.10	7.41	15	YES	2823.00
21 / 8 am	0.80	113	90.7	17.00	7.47	15	YES	4199.00
22 / 8 am	0.94	144	135.3	17.00	7.44	15	YES	3234.00
23 / 8 am	0.90	134	121.0	16.80	7.47	15	YES	3359.00
24 / 8 am	0.88	124	108.9	16.80	7.44	15	YES	3706.00
25 / 8 am	0.86	105	90.4	16.80	7.39	15	YES	4363.00
26 / 8 am	0.95	131	124.0	16.80	7.47	15	YES	3566.00
27 / 8 am	0.81	118	95.4	16.20	7.40	15	YES	3894.00
28 / 8 am	0.91	158	143.6	16.00	7.43	15	YES	2995.00
29 / 8 am	0.84	165	138.9	16.00	7.44	15	YES	2879.00
30 / 8 am	0.77	158	121.5	16.00	7.44	15	YES	2995.00

[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