

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-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	Off	Off	Off	0.01
2	Off	Off	Off	0.01	0.02	0.02	0.03
3	0.02	0.01	0.02	0.02	off	off	0.03
4	off	off	off	off	off	off	off
5	off	off	0.02	0.01	0.03	0.02	0.04
6	0.02	0.02	0.02	0.02	0.03	0.01	0.05
7	0.01	0.01	0.01	0.03	0.02	0.02	0.03
8	0.02	0.02	0.01	0.02	0.02	0.02	0.03
9	0.02	0.01	0.02	0.01	0.01	0.02	0.02
10	0.01	0.01	0.01	0.02	0.02	0.02	0.02
11	0.02	0.01	0.01	0.01	0.01	0.01	0.02
12	0.02	0.02	0.02	0.01	0.01	0.01	0.02
13	0.02	0.01	0.02	0.01	0.01	0.01	0.03
14	0.01	0.02	0.02	0.02	0.01	0.01	0.04
15	0.01	0.02	0.01	0.02	0.02	0.02	0.10
16	0.01	0.01	0.01	0.02	0.02	0.01	0.06
17	0.01	0.01	0.02	0.01	0.01	0.02	0.09
18	0.01	0.01	0.02	0.01	0.01	0.02	0.08
19	0.01	0.01	0.02	0.02	0.01	0.01	0.02
20	0.02	0.01	0.02	0.02	0.02	0.01	0.02
21	0.01	0.01	0.01	0.02	0.02	0.02	0.05
22	0.01	0.01	0.02	0.03	0.03	0.02	0.08
23	0.02	0.02	0.02	0.01	0.02	0.02	0.02
24	0.01	0.02	0.02	0.02	0.02	0.02	0.03
25	0.02	0.02	0.02	0.02	0.02	0.02	0.04
26	0.02	0.02	0.02	0.03	0.02	0.02	0.03
27	0.02	0.02	0.02	0.02	0.02	0.02	0.03
28	0.02	off	Off	Off	Off	Off	0.02
29	Off	Off	Off	0.04	0.04	0.02	0.04
30	0.02	0.02	0.02	0.02	0.02	0.02	0.03

<u>Conventional</u> or Direct Filtration 95% of turbidity readings $\leq$ 0.3 NTU? <u>Yes</u> / No All turbidity readings < 1 NTU? <u>Yes</u> / No All turbidity readings < IFE triggers? <u>Yes</u> / No² Notes:	Monthly Summary (Answer Yes or No) CT's met everyday? <u>Yes</u> / No All CL₂ residuals at entry point $\geq$ 0.2mg/l? <u>Yes</u> / No Printed Name: <u>Andrew Sewall</u> Signature: <u>[Signature]</u> Date: <u>12/3/25</u> Phone #: (503) 992-3259 CERT #: <u>J-9171</u>
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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-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	0.69	180	123.9	12.00	7.23	22	YES	2632.00	
2 / 8 am	0.71	199	141.6	13.50	7.28	22	YES	2422.00	
3 / 8 am	0.64	201	128.5	12.00	7.06	22	YES	2476.00	
4 / 8 am	0.62	209	129.9	12.10	7.01	off	YES	2289.00	
5 / 8 am	0.62	203	125.7	12.10	7.03	22	YES	2485.00	
6 / 8 am	0.64	180	115.4	12.10	7.01	22	YES	2641.00	
7 / 8 am	0.65	172	111.8	13.10	7.14	22	YES	2889.00	
8 / 8 am	0.77	212	163.1	12.10	7.11	22	YES	2314.00	
9 / 8 am	0.83	212	175.9	12.00	6.87	19	YES	2328.00	
10 / 8 am	0.86	189	162.1	12.00	6.85	19	YES	2525.00	
11 / 8 am	0.82	184	150.6	12.00	6.78	19	YES	2534.00	
12 / 8 am	0.83	171	141.8	11.90	6.74	19	YES	2704.00	
13 / 8 am	0.85	166	141.0	11.90	6.73	19	YES	2721.00	
14 / 8 am	0.87	177	154.3	12.00	6.80	19	YES	2585.00	
15 / 8 am	0.91	163	148.0	12.00	6.70	19	YES	2754.00	
16 / 8 am	0.93	159	147.9	12.10	6.79	19	YES	3082.00	
17 / 8 am	0.94	161	150.9	12.00	6.85	19	YES	2877.00	
18 / 8 am	0.95	182	172.9	12.00	6.89	19	YES	2846.00	
19 / 8 am	0.95	183	173.4	11.20	6.94	19	YES	2742.00	
20 / 8 am	0.96	176	168.6	11.00	6.93	19	YES	2890.00	
21 / 8 am	0.94	183	172.0	10.90	6.94	19	YES	2678.00	
22 / 8 am	0.94	197	184.9	10.20	6.93	19	YES	2562.00	
23 / 8 am	0.95	203	193.1	10.00	7.11	22	YES	2514.00	
24 / 8 am	0.95	154	146.5	10.00	7.02	22	YES	3223.00	
25 / 8 am	0.92	205	188.3	10.00	7.03	22	YES	2514.00	
26 / 8 am	0.91	161	146.5	10.00	6.96	19	YES	2827.00	
27 / 8 am	0.82	204	167.6	10.00	6.93	19	YES	2346.00	
28 / 8 am	0.81	214	173.0	11.00	6.81	19	YES	2147.00	
29 / 8 am	0.74	256	189.6	10.80	6.84	18	YES	1940.00	
30 / 8 am	0.84	191	160.8	10.20	6.78	19	YES	2578.00	

³ If Cl₂ 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