

OHA - Drinking Water Program - Turbidity Monitoring Report Form. County: York
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: **ROCK CREEK WATER DISTRICT** ID #: **CR419337** WTP: **WTP-A** Month/Year: **1-21**

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					0.14		0.14
2					0.19		0.19
3					0.22		0.22
4					0.26		0.26
5					0.29		0.29
6					0.31		0.31
7					0.30		0.30
8					0.34		0.34
9					0.36		0.36
10					0.33		0.33
11					0.31		0.31
12					0.29		0.29
13					0.31		0.31
14					0.39		0.39
15					0.36		0.36
16					0.34		0.34
17					0.32		0.32
18					0.31		0.31
19					0.28		0.28
20					0.24		0.24
21					0.23		0.23
22					0.19		0.19
23					0.14		0.14
24					0.12		0.12
25					0.13		0.13
26					0.14		0.14
27					0.12		0.12
28					0.13		0.13
29					0.15		0.15
30					0.14		0.14
31					0.16		0.16

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? ² (Yes/No)
 All daily turbidity readings ≤ 5 NTU? (Yes/No)

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

All Cl₂ residual at entry point ≥ 0.2 mg/l? (Yes/No)

Notes:

PRINTED NAME: **Leonard A. Fischer**
 SIGNATURE: *Leonard A. Fischer* DATE: **2-4-21**
 PHONE #: **(503) 879-5497** CERT #: **6302**

OHA - Drinking Water Program - Surface Water Quality Data Form

ROCK CREEK WATER DISTRICT ID #: 024108337 WTP: WTP-A Month/Year: 1-21

Date / Time	Minimum Cl ₂ Residual at User (C) ^{1st} _{5'}	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	EXT	[°C]		Use tables	Yes/No	[GPM]
1/1/575	0.3	226	68	9	7.4	55	Yes	17
2/1/500	0.3		68	9	7.4			21
3/1/530	0.3		68	9	7.4			25
4/1/500	0.3		68	9	7.4			27
5/1/530	0.4		90	9	7.5			29
6/1/600	0.4		90	9	7.5	55		30
7/1/615	0.5		113	9	7.5	57		33
8/1/600	0.5		113	9	7.5			31
9/1/545	0.5		113	9	7.5			30
10/1/530	0.5		113	9	7.5			35
11/1/545	0.5		113	9	7.4			37
12/1/630	0.4		90	9	7.4			38
13/1/600	0.4		90	9	7.4			37
14/1/500	0.3		68	9	7.4			39
15/1/530	0.3		68	9	7.4			36
16/1/600	0.3		68	9	7.4			32
17/1/530	0.3		68	9	7.4			29
18/1/500	0.3		68	9	7.4			27
19/1/530	0.5		113	9	7.4			28
20/1/615	0.6		136	9	7.5	57		31
21/1/545	0.7		158	9	7.5	58		33
22/1/600	0.7		158	9	7.5	58		32
23/1/630	0.8		181	9	7.5	58		30
24/1/645	0.8		181	9	7.5	58		32
25/1/600	0.6		136	9	7.4	57		31
26/1/530	0.6		136	9	7.4			29
27/1/600	0.6		136	9	7.4			26
28/1/630	0.5		113	9	7.5			27
29/1/500	0.5		113	9	7.5			28
30/1/530	0.6		136	9	7.5			26
31/1/630	0.6		136	9	7.5	57		25

¹ 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/sub-all-unfiltered.pdf