

OHA • Drinking Water Program - Turbidity Monitoring Report Form County:

Slow Sand Membrane Diatomaceous Earth Filtration or Unfiltered Systems

System Name: ROCK CREEK WATER DISTRICT

OR4100337:

WTP-:

Month Near: 7-21

DAY	12 AM [NTU]	4AM [NTU]	8AM [NTU]	NOON [NTU]	4 PM [NTU]	8PM [NTU]	Highest Reading of the Day ¹ [NTU]
1					0.10		0.10
2					0.11		0.11
3					0.12		0.12
4					0.11		0.11
5					0.12		0.12
6					0.10		0.10
7					0.11		0.11
8					0.12		0.12
9					0.09		0.09
10					0.11		0.11
11					0.13		0.13
12					0.19		0.19
13					0.22		0.22
14					0.15		0.15
15					0.17		0.17
16					0.16		0.16
17					0.17		0.17
18					0.19		0.19
19					0.21		0.21
20					0.23		0.23
21					0.31		0.31
22					0.30		0.30
23					0.29		0.29
24					0.28		0.28
25					0.29		0.29
26				0.31			0.31
27					0.12		0.12
28					0.11		0.11
29					0.13		0.13
30					0.12		0.12
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 2	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ;:::: 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: Leonard Fischer	
		SIGNATURE: Leonard Fischer	DATE: 8-7-21
		PHONE #503-879-5497	CERT#6302

OHA - Drinking Water Program -- Surface Water Quality Data Form

System Name: ROCK CREEK WATER DIST. ID #: OR 4100337 WTP: _____ Month/Year: 7-21

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes/No	[GPM]
1/1700	0.4	226	90	10	7.5	42	Yes	48
2/1500	0.4		90	10	7.4			43
3/1545	0.3		68	10	7.4			40
4/1530	0.4		90	10	7.5			42
5/1500	0.4		90	10	7.5			41
6/1545	0.4		90	10	7.5			42
7/1530	0.4		90	10	7.5			44
8/1575	0.4		90	10	7.5			49
9/1500	0.4		90	10	7.5			55
10/1575	0.4		90	10	7.5			59
11/1630	0.4		90	10	7.5			54
12/1600	0.4		90	10	7.5			50
13/1615	0.4		90	10	7.5			48
14/1400	0.3		68	10	7.5			31
15/1430	0.4		90	10	7.4			34
16/1530	0.4		90	10	7.4			37
17/1575	0.3		68	10	7.4			41
18/1600	0.3		68	10	7.4			45
19/1530	0.3		68	10	7.5			58
20/1600	0.3		68	10	7.5			60
21/1645	0.3		68	10	7.5			64
22/1615	0.3		68	10	7.5			59
23/1545	0.3		68	10	7.5			61
24/1575	0.3		68	10	7.5			60
25/1530	0.3		68	10	7.5			62
26/1100	0.3		68	10	7.5	*		45
27/1630	0.5		113	10	7.4	43		47
28/1600	0.5		113	10	7.5	43		48
29/1630	0.6		136	10	7.5	43		50
30/1730	0.7		158	10	7.5	44		52
31/1630	0.6	Y	136	10	7.5	43	Y	45

³If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day. Revised February 2012
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf