

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: 11-21

DAY	12 AM [NTU]	4AM [NTU]	8AM [NTU]	NOON [NTU]	4 PM [NTU]	8PM [NTU]	Highest Reading of the Day [NTU]
1					0.22		0.22
2					0.23		0.23
3					0.22		0.22
4					0.24		0.24
5					0.29		0.29
6					0.34		0.34
7					0.26		0.26
8					0.25		0.25
9					0.21		0.21
10					0.24		0.24
11					0.26		0.26
12					0.28		0.28
13					0.32		0.32
14					0.33		0.33
15					0.35		0.35
16					0.27		0.27
17					0.26		0.26
18					0.23		0.23
19					0.18		0.18
20					0.18		0.18
21					0.20		0.20
22					0.18		0.18
23					0.20		0.20
24					0.21		0.21
25					0.19		0.19
26					0.22		0.22
27					0.20		0.20
28					0.19		0.19
29					0.17		0.17
30					0.15		0.15
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 2	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: Leonard Fischer	
		SIGNATURE: Leonard Fischer	DATE: 12-9-21
		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: 11-21

Date/Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes/No	[GPM]
11/1500	0.3	226	68	9	7.5	55	Yes	34
21/430	0.3		68	9	7.5			32
31/500	0.4		90	9	7.5			31
41/430	0.4		90	9	7.5			29
51/400	0.4		90	9	7.5			30
61/330	0.3		68	9	7.5			32
71/530	0.4		90	9	7.5			28
81/600	0.4		90	9	7.5			26
91/630	0.3		68	9	7.5			27
101/600	0.3		68	9	7.4			24
111/630	0.3		68	9	7.4			36
121/600	0.3		68	9	7.4	4		40
131/630	0.3		68	9	7.4	55		45
141/700	0.6		136	9	7.5	57		36
151/715	0.7		158	9	7.5	58		31
161/600	0.7		158	9	7.5	58		32
171/530	0.6		136	9	7.5	58		33
181/500	0.6		136	9	7.5	57		32
191/530	0.5		113	9	7.5	57		30
201/600	0.5		113	9	7.5	57		29
211/500	0.4		90	9	7.4	57		30
221/445	0.3		68	9	7.4	55		32
231/430	0.3		68	9	7.4	55		31
241/500	0.3		68	9	7.4	55		28
251/530	0.3		68	9	7.4	55		30
261/600	0.3		68	9	7.4	55		29
271/530	0.4		90	9	7.5	55		31
281/600	0.6		136	9	7.5	57		32
291/500	0.6		136	9	7.5	57		34
301/530	0.5	4	113	9	7.5	57	4	35
31/								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day.

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

Revised February 2012