

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: 2-22

| DAY | 12 AM [NTU] | 4AM [NTU] | 8AM [NTU] | NOON [NTU] | 4 PM [NTU] | 8PM [NTU] | Highest Reading of the Day ¹ [NTU] |
|-----|----------------|--------------|--------------|---------------|-----------------|--------------|---|
| 1 | | | | 0.15 | | | 0.15 |
| 2 | | | | 0.15 | | | 0.15 |
| 3 | | | | | 0.13 | | 0.13 |
| 4 | | | | | 0.12 | | 0.12 |
| 5 | | | | | 0.14 | | 0.14 |
| 6 | | | | | 0.12 | | 0.12 |
| 7 | | | | | 0.13 | | 0.13 |
| 8 | | | | 0.10 | | | 0.10 |
| 9 | | | | | 0.12 | | 0.12 |
| 10 | | | | | 0.14 | | 0.14 |
| 11 | | | | | 0.13 | | 0.13 |
| 12 | | | | | 0.11 | | 0.11 |
| 13 | | | | | 0.15 | | 0.15 |
| 14 | | | | | 0.18 | | 0.18 |
| 15 | | | | | 0.15 | | 0.15 |
| 16 | | | | | 0.11 | | 0.11 |
| 17 | | | | | 0.10 | | 0.10 |
| 18 | | | | | 0.11 | | 0.11 |
| 19 | | | | | 0.12 | | 0.12 |
| 20 | | | | 0.14 | 0.14 | | 0.14 |
| 21 | | | | | 0.15 | | 0.15 |
| 22 | | | | | 0.16 | | 0.16 |
| 23 | | | | | 0.15 | | 0.15 |
| 24 | | | | | 0.16 | | 0.16 |
| 25 | | | | | 0.15 | | 0.15 |
| 26 | | | | | 0.17 | | 0.17 |
| 27 | | | | | 0.19 | | 0.19 |
| 28 | | | | | 0.41 | | 0.41 |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 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 / 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 / No | <input checked="" type="checkbox"/> Yes / No | <input checked="" type="checkbox"/> Yes / No |
| Notes: 2-28-22 off line storm - plant shut down | | PRINTED NAME: Leonard Fischer | DATE: 3-3-22 |
| | | SIGNATURE: Leonard Fischer | CERT#: 6302 |
| | | PHONE: #503-879-5497 | |

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

 System Name: ROCK CREEK WATER DIST. ID #: OR 4100337 WTP: _____ Month/Year: 2-22

| 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] |
| 1/1/300 | 0.5 | 226 | 113 | 9 | 7.4 | 57 | Yes | 44 |
| 2/1/300 | 0.5 | | 113 | 9 | 7.4 | 57 | | 46 |
| 3/1/530 | 0.7 | | 158 | 9 | 7.5 | 58 | | 36 |
| 4/1/600 | 0.8 | | 180 | 9 | 7.5 | 58 | | 31 |
| 5/1/630 | 0.8 | | 180 | 9 | 7.5 | 58 | | 30 |
| 6/1/600 | 0.7 | | 158 158 | 9 | 7.5 | 58 | | 32 |
| 7/1/530 | 0.7 | | 158 158 | 9 | 7.5 | 58 | | 33 |
| 8/1/200 | 0.7 | | 158 | 9 | 7.5 | 58 | | 34 |
| 9/1/600 | 0.6 | | 136 | 9 | 7.5 | 58 57 | | 32 |
| 10/1/500 | 0.6 | | 136 | 9 | 7.5 | 57 | | 31 |
| 11/1/530 | 0.6 | | 136 | 9 | 7.5 | 57 | | 28 |
| 12/1/600 | 0.6 | | 136 | 9 | 7.4 | 57 | | 26 |
| 13/1/630 | 0.5 | | 113 | 9 | 7.4 | 57 | | 28 |
| 14/1/700 | 0.4 | | 90 | 9 | 7.4 | 55 | | 27 |
| 15/1/630 | 0.6 | | 136 | 9 | 7.5 | 57 | | 30 |
| 16/1/500 | 0.9 | | 203 | 9 | 7.5 | 60 | | 32 |
| 17/1/600 | 0.9 | | 203 | 9 | 7.5 | 60 | | 27 |
| 18/1/530 | 0.8 | | 181 | 9 | 7.5 | 58 | | 30 |
| 19/1/600 | 0.7 | | 158 | 9 | 7.5 | 58 | | 33 |
| 20/1/100 | 0.7 | | 158 | 9 | 7.5 | 58 | | 35 |
| 21/1/600 | 0.6 | | 136 | 9 | 7.4 | 57 | | 33 |
| 22/1/630 | 0.6 | | 136 | 9 | 7.4 | 57 | | 30 |
| 23/1/700 | 0.6 | | 136 | 9 | 7.4 | 57 | | 28 |
| 24/1/630 | 0.5 | | 113 | 9 | 7.4 | 57 | | 26 |
| 25/1/600 | 0.5 | | 113 | 9 | 7.4 | 57 | | 24 |
| 26/1/700 | 0.5 | | 113 | 9 | 7.4 | 57 | | 23 |
| 27/1/630 | 0.5 | | 113 | 9 | 7.5 | 57 | | 25 |
| 28/1/700 | 0.4 | Y | 90 | 9 | 7.5 | 55 | Y | 28 |
| 29/1 | | | | | | | | |
| 30/1 | | | | | | | | |
| 31/1 | | | | | | | | |

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