

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

System Name: ROCK CREEK WATER DISTRICT

Slow Sand Membrane Diatomaceous Earth Filtration or Unfiltered Systems

OR4100337: WTP:-

Month Near 8-22

DAY	12AM [NTU]	4AM [NTU]	8AM [NTU]	NOON [NTU]	4 PM [NTU]	8PM [NTU]	Highest Reading of the Day [NTU]
1					0.08		0.08
2					0.09		0.09
3					0.11		0.11
4					0.13		0.13
5					0.12		0.12
6					0.15		0.15
7					0.13		0.13
8					0.09		0.09
9					0.08	0.08	0.08
10					0.09		0.09
11					0.10		0.09 0.10
12					0.11		0.11
13					0.09		0.09
14					0.12		0.12
15					0.10		0.10
16					0.11		0.11
17					0.10		0.10
18					0.09		0.09
19					0.12		0.12
20					0.16		0.16
21					0.19		0.19
22					0.24		0.24
23					0.31		0.31
24					0.18		0.18
25					0.09		0.09
26					0.13		0.13
27					0.14		0.14
28					0.14		0.14
29					0.15		0.15
30					0.17		0.17
31					0.21		0.21

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Notes: <i>No power 9-10-29-11 for five clours</i>		
PRINTED NAME: <u>Leonard Fischer</u>		DATE: <u>9-9-22</u>	
SIGNATURE: <u>Leonard Fischer</u>		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: 8-22

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 1/530	0.6	226	136	10	7.5	43	Yes	49
2 1/500	0.6		136	10	7.5			48
3 1/700	0.6		136	10	7.5			47
4 1/500	0.5		113	10	7.4			46
5 1/430	0.5		113	10	7.4	43		47
6 1/530	0.4		90	10	7.4	42		44
7 1/520	0.3		68	10	7.4			45
8 1/430	0.3		68	10	7.4			41
9 1/915	0.3		68	10	7.4	42		43
10 1/700	0.7		158	10	7.5	44		43
11 1/630	0.7		158	10	7.5	44		44
12 1/600	0.6		136	10	7.5	43		42
13 1/630	0.6		136	10	7.5			43
14 1/500	0.6		136	10	7.5			40
15 1/530	0.6		136	10	7.5			42
16 1/400	0.6		136	10	7.5			41
17 1/545	0.5		113	10	7.5			42
18 1/600	0.5		113	10	7.5			42
19 1/530	0.5		113	10	7.5			45
20 1/575	0.5		113	10	7.5	43		47
21 1/600	0.4		90	10	7.5	42		46
22 1/530	0.4		90	10	7.5			48
23 1/520	0.4		90	10	7.5			50
24 1/600	0.4		90	10	7.5			48
25 1/700	0.4		90	10	7.5			47
26 1/600	0.4		90	10	7.4			42
27 1/530	0.4		90	10	7.4			41
28 1/600	0.4		90	10	7.4			44
29 1/575	0.4		90	10	7.4			42
30 1/500	0.3		68	10	7.4			43
31 1/430	0.3	Y	68	10	7.5			42

³ If 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-alf-unfiltered.pdf