

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: 9-22

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1					0.19		0.19
2					0.11		0.11
3				0.07			0.07
4					0.09		0.09
5					0.08		0.08
6					0.09		0.09
7					0.11		0.11
8					0.10		0.10
9					0.09		0.09
10					0.11		0.11
11					0.09		0.09
12					0.11		0.11
13					0.12		0.12
14					0.14		0.14
15					0.11		0.11
16					0.12		0.12
17					0.13		0.13
18					0.15		0.15
19					0.13		0.13
20					0.11		0.11
21					0.13		0.13
22					0.14		0.14
23					0.11		0.11
24					0.12		0.12
25					0.11		0.11
26					0.10		0.10
27					0.12		0.12
28					0.14		0.14
29					0.19		0.19
30					0.11		0.11
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: 10-7-22
		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: 9-22

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	0.4	226	90	10	7.5	42	Yes	40
2 1/600	0.7		158	10	7.5	44		39
3 1/200	0.8		181	10	7.5	44		38
4 1/500	0.8		181	10	7.5	44		35
5 1/530	0.8		181	10	7.5	44		32
6 1/500	0.7		158	10	7.5	44		29
7 1/630	0.7		158	10	7.5	44		28
8 1/530	0.6		136	10	7.4	43		27
9 1/600	0.6		136	10	7.4	43		21
10 1/530	0.6		136	10	7.5	43		24
11 1/600	0.6		136	10	7.5	43		21
12 1/530	0.6		136	10	7.5	43		28
13 1/500	0.5		113	10	7.5	43		30
14 1/630	0.5		113	10	7.5	43		32
15 1/530	0.5		113	10	7.5	43		34
16 1/600	0.6		136	10	7.5	43		36
17 1/520	0.6		136	10	7.4	43		35
18 1/600	0.6		136	10	7.4	43		33
19 1/530	0.5		115	10	7.4	43		34
20 1/600	0.5		115	10	7.4	43		35
21 1/800	0.4		90	10	7.4	43		36
22 1/600	0.4		90	10	7.5	42		35
23 1/630	0.4		90	10	7.5	42		33
24 1/550	0.5		113	10	7.5	42		34
25 1/500	0.5		113	10	7.5	43		36
26 1/400	0.5		113	10	7.5	43		38
27 1/500	0.5		113	10	7.4	43		35
28 1/430	0.4		90	10	7.4	43		33
29 1/500	0.4		90	10	7.4	42		31
30 1/430	0.5		113	10	7.4	43		38
31 /								

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