

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

Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: ROCK

OR4100337:

WTP:-

Month Near: 10-22

CREEK WATER DISTRICT

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					0.11		0.11
2					0.12		0.12
3					0.11		0.11
4					0.13		0.13
5					0.14		0.14
6					0.12		0.12
7					0.10		0.10
8					0.11		0.11
9					0.12		0.12
10					0.11		0.11
11					0.12		0.12
12					0.10		0.10
13				0.13			0.13
14				0.14			0.14
15				0.13			0.13
16				0.15			0.15
17				0.17			0.17
18				0.16			0.16
19				0.18			0.18
20				0.21			0.21
21				0.24			0.24
22				0.29			0.29
23					0.28		0.28
24					0.26		0.26
25					0.23		0.23
26					0.22		0.22
27					0.21		0.21
28					0.14		0.14
29					0.11		0.11
30					0.9		0.9
31					0.10		0.10

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 / 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:		
PRINTED NAME: Leonard Fischer		DATE: 11-10-22	
SIGNATURE: Leonard Fischer		PHONE: #503-879-5497	
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: OR 4100337 Month/Year: 10-22

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]
11/530	0.6	226	136	10	7.5	43	Yes	38
21/430	0.6		136	10	7.5	43		36
31/500	0.6		186	10	7.5	43		39
41/53	0.5		133/113	10	7.5	43		37
51/600	0.5		113	10	7.5	43		38
61/430	0.6		136	10	7.5	43		35
71/400	0.5		113	10	7.5	43		36
81/500	0.5		113	10	7.5	43		33
91/430	0.5		113	10	7.4	43		30
10/1520	0.4		90	10	7.4	42		34
11/1530	0.4		90	10	7.4	42		46
12/1400	0.3		68	10	7.4	42		50
13/1000	0.3		68	10	7.5	42		53
14/1100	0.4		90	10	7.5	42		52
15/1630	0.5		113	10	7.5	43		51
16/1600	0.5		113	10	7.5	43		53
17/1030	0.5		113	10	7.5	43		50
18/1100	0.5		113	10	7.5	43		47
19/1100	0.5		113	10	7.5	43		46
20/1030	0.5		113	10	7.5	43		40
21/1000	0.5		113	10	7.5	43		43
22/1030	0.6		136	10	7.5	43		45
23/1600	0.5		113	10	7.4	43		38
24/1400	0.4		90	10	7.4	42		36
25/1500	0.4		90	10	7.4	42		33
26/1530	0.3		68	10	7.4	42		30
27/1600	0.3		68	9	7.4	55		28
28/1530	0.4		90	9	7.5	55		31
29/1530	0.4		90	9	7.5	55		34
30/1600	0.4		90	9	7.5	55		36
31/	0.5		113	9	7.5	57		34

<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. Revised February 2012  
 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)