

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: 2-23

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					0.23		0.23
2					0.22		0.22
3					0.21		0.21
4					0.19		0.19
5					0.18		0.18
6					0.21		0.21
7					0.22		0.22
8					0.24		0.24
9					0.23		0.23
10					0.20		0.20
11					0.22		0.22
12					0.23		0.23
13					0.21		0.21
14					0.19		0.19
15					0.23		0.23
16					0.21		0.21
17				0.19			0.19
18					0.23		0.23
19					0.24		0.24
20					0.19		0.19
21					0.21		0.21
22					0.22		0.22
23					0.18		0.18
24					0.22		0.22
25					0.21		0.21
26					0.19		0.19
27					0.21		0.21
28				0.22			0.22
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="radio"/> 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="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
Notes:		PRINTED NAME: Leonard Fischer	
		SIGNATURE: Leonard Fischer	DATE: 3-8-23
		PHONE: #503-879-5497	CERT#: 6302

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

 System Name: ROCK CREEK WATER DIST. ID #: OR 41003317 WTP: \_\_\_\_\_ Month/Year: 2-23

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]	C X T	[°C]		Use tables	(Yes) No	[GPM]
11/645	0.4	226	68	9	7.4	55	Yes	30
21/600	0.4		68	9	7.4	55		33
31/700	0.4		68	9	7.4	55		30
41/645	0.4		68	9	7.5	55		35
51/600	0.6		136	9	7.5	57		33
61/530	0.6		136	9	7.5			31
71/630	0.6		136	9	7.5			36
81/700	0.6		136	9	7.5			34
91/630	0.6		136	9	7.5			33
101/700	0.6		136	9	7.5			35
111/500	0.6		136	9	7.4			34
121/530	0.6		136	9	7.4			32
131/600	0.6		136	9	7.4			31
141/500	0.6		136	9	7.4			32
151/530	0.5		113	9	7.4	57		33
161/600	0.4		90	9	7.4	55		30
171/300	0.3		68	9	7.4	55		31
181/500	0.5		113	9	7.5	57		34
191/530	0.6		136	9	7.5	57		30
201/500	0.7		158	9	7.5	58		33
211/630	0.7		158	9	7.5	58		31
221/600	0.6		136	9	7.5	57		35
231/530	0.6		136	9	7.5			32
241/500	0.6		136	9	7.4			30
251/630	0.6		136	9	7.4			29
261/700	0.6		136	9	7.4			27
271/500	0.6		136	9	7.4			33
281/300	0.6		136	9	7.4	57		59
291								
301								
311								

<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)