

OHA - Drinking Water Program - Turbidity Monitoring Report Form. County: Polk
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: **ROCK CREEK WATER DISTRICT** ID #: **OR4100337** WTP: **WTP-A** Month/Year: **7-23**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1					0.09		0.09
2					0.09		0.09
3					0.08		0.08
4					0.07		0.07
5					0.08		0.08
6					0.09		0.09
7					0.08		0.08
8					0.07		0.07
9					0.08		0.08
10					0.09		0.09
11					0.08		0.08
12					0.09		0.09
13					0.11		0.11
14					0.10		0.10
15					0.09		0.09
16					0.12		0.12
17					0.11		0.11
18				0.12			0.12
19					0.11		0.11
20					0.12		0.12
21					0.13		0.13
22				0.17			0.17
23					0.13		0.13
24					0.11		0.11
25					0.08		0.08
26					0.09		0.09
27					0.10		0.10
28					0.09		0.09
29					0.08		0.08
30					0.08		0.08
31					0.07		0.07

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 / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes:

PRINTED NAME: **Leonard A. Fischer**

SIGNATURE: *Leonard A. Fischer* DATE: **8-10-23**

PHONE #: **(503) 879-5497** CERT #: **6302**

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

ROCK CREEK WATER DISTRICT ID #: OR4100337 WTP: WTP-A Month/Year: 7-23

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
7	[ppm or mg/L]	[minutes]	CTT	[°C]		Use tables	(Yes / No)	[GPM]
1/1/600	1.0	226	226	10	7.5	45	Yes	46
2/1/500	0.9		203	10	7.5	45		48
3/1/530	0.8		181	10	7.5	44		50
4/1/600	0.8		181	10	7.5	44		52
5/1/530	0.8		181	10	7.5	44		45
6/1/500	0.9		203	10	7.5	45		37
7/1/600	0.8		181	10	7.5	44		35
8/1/530	0.7		158	10	7.5	44		32
9/1/500	0.8		181	10	7.5	44		29
10/1/530	0.7		158	10	7.5	44		30
11/1/600	0.7		158	10	7.5	44		31
12/1/500	0.6		136	10	7.5	43		33
13/1/530	0.6		136	10	7.5			31
14/1/600	0.6		136	10	7.5			29
15/1/530	0.6		136	10	7.5			35
16/1/500	0.6		136	10	7.5			38
17/1/43	0.6		136	10	7.5			42
18/1/100	0.6		136	10	7.5			45
19/1/600	0.5		113	10	7.4	√		44
20/1/530	0.5		113	10	7.4	43		42
21/1/600	0.4		90	10	7.4	42		43
22/1/100	0.3		68	10	7.4	42		41
23/1/600	0.7		158	10	7.5	44		45
24/1/500	0.8		181	10	7.5	44		49
25/1/400	1.0		226	10	7.5	45		57
26/1/530	0.9		203	10	7.5	45		49
27/1/600	0.9		203	10	7.5	45		51
28/1/530	0.8		181	10	7.5	44		48
29/1/500	0.8		181	10	7.5	44		47
30/1/530	0.7		158	10	7.5	44		41
31/1/600	0.6	√	136	10	7.5	43	√	36

* If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day.
 Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-elt-unfiltered.pdf