

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: 11-23

DAY	12 AM [NTU]	4AM [NTU]	8AM [NTU]	NOON [NTU]	4 PM [NTU]	8PM [NTU]	Highest Reading of the Day [NTU]
1				0.12			0.12
2				0.11			0.11
3				0.09			0.09
4				0.12			0.12
5				0.13			0.13
6				0.14			0.14
7				0.12			0.12
8				0.11			0.11
9				0.07			0.07
10				0.09			0.09
11				0.19			0.19
12				0.16			0.16
13				0.16			0.16
14				0.15			0.15
15				0.14			0.14
16				0.16			0.16
17				0.17			0.17
18				0.18			0.18
19				0.19			0.19
20				0.17			0.17
21				0.12			0.12
22				0.11			0.11
23				0.10			0.10
24				0.09			0.09
25				0.09			0.09
26				0.09			0.09
27				0.10			0.10
28				0.11			0.11
29				0.13			0.13
30				0.14			0.14
31							

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:	PRINTED NAME: Leonard Fischer		DATE: 12-8-23
	SIGNATURE: Leonard Fischer		
	PHONE #: 503-879-5497	CERT#: 6302	

OHA - Drinking Water Services -- Surface Water Quality Data Form

System Name: Rock Creek Water District

ID #: 00337

WTP-: A

Month/Year: 11-23

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
No ✓	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
11	0.4	226	90	9	75	42	Yes	25
21	0.5	226	113	9	75	43		28
31	0.5		113	9	75	43		30
41	0.4		90	9	75	42		39
51	0.4		90	9	75			40
61	0.4		90	9	75			36
71	0.4		90	9	75			32
81	0.4		90	9	75			29
91	0.3		68	9	74			27
101	0.3		68	9	74			29
111	0.3		68	9	74			30
121	0.3		68	9	74			41
131	0.5		113	9	7.5	43		37
141	0.5		113	9	7.5	43		35
151	0.5		113	9	7.5	43		29
161	0.5		113	9	75	43		27
171	0.4		90	9	75	42		28
181	0.4		90	9	75	42		37
191	0.4		90	9	75	42		39
201	0.3		68	9	74	42		37
211	0.9		263	9	75	45		32
221	0.6		136	9	75	43		30
231	0.7		158	9	75	44		29
241	0.6		136	9	75	43		28
251	0.4		90	9	75	42		30
261	0.5		113	9	75	43		38
271	0.5		113	9	75	43		29
281	0.4		90	9	74	42		27
291	0.4		90	9	74	42		26
301	0.4		90	9	74	42		25
311								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dince@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350