

**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 #: **OR490337** WTP: **WTP-A** Month/Year: **3-24**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1					0.21		0.21
2					0.22		0.22
3					0.24		0.24
4					0.26		0.26
5					0.27		0.27
6					0.29		0.29
7					0.27		0.27
8					0.24		0.24
9					0.21		0.21
10					0.19		0.19
11				0.10			0.10
12				0.18			0.18
13				0.22			0.22
14				0.19			0.19
15				0.21			0.21
16				0.22			0.22
17					0.24		0.24
18				0.22			0.22
19				0.25			0.25
20				0.21			0.21
21				0.18			0.18
22				0.16			0.16
23				0.15			0.15
24				0.14			0.14
25				0.13			0.13
26				0.12			0.12
27				0.14			0.14
28				0.13			0.13
29				0.18			0.18
30				0.21			0.21
31				0.19			0.19

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl <sub>2</sub> 's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

Notes:

PRINTED NAME: **Leonard A. Fischer**

SIGNATURE: *Leonard A. Fischer* DATE: **4-8-24**

PHONE #: **(503) 877-5497** 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. <sup>2</sup> Filtered systems only.

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

ROCK CREEK WATER DISTRICT ID #: OR4109337 WTP: WTP-A Month/Year: 3 - 24

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]	CT	[°C]		Use tables	Yes/No	[GPM]
1/1500	0.3	226	68	9	7.4	55	Yes	36
2/1400	0.3		68	9	7.4	55		40
3/1430	0.5		113	9	7.5	57		42
4/1415	0.6		137	9	7.5	57		41
5/1430	0.6		137	9	7.5	57		44
6/1500	0.7		158	9	7.5	57		46
7/1600	0.7		158	9	7.5	57		41
8/1530	0.6		137	9	7.5	57		43
9/1130	0.6		137	9	7.5	57		39
10/1000	0.5		113	9	7.5	57		37
11/1100	0.4		90	9	7.5	55		35
12/1130	0.6		137	9	7.5	57		33
13/1130	0.8		191	9	7.5	58		37
14/1100	0.4		90	9	7.5	55		34
15/1130	0.3		68	9	7.5	55		32
16/1200	0.3		68	9	7.5	55		29
17/1430	0.3		68	9	7.5	55		23
18/1130	0.3		68	9	7.5	55		27
19/1100	1.1		249	9	7.5	60		28
20/1115	0.8		191	9	7.5	58		31
21/1130	0.7		158	9	7.5	57		33
22/1030	0.7		158	9	7.5	57		34
23/1130	0.7		158	9	7.5	57		29
24/1230	0.6		137	9	7.5	57		31
25/1200	0.8		181	9	7.5	58		33
26/1630	0.8		181	9	7.4	58		36
27/1200	0.7		158	9	7.4	57		34
28/1130	0.7		158	9	7.4	57		35
29/1100	0.7		158	9	7.4	57		32
30/1130	0.6		137	9	7.4	57		30
31/1200	0.6	✓	137	9	7.4	57	✓	33

<sup>3</sup>If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DW/P by end of next business day.