

**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: **4-23**

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					0.16		0.16
2					0.2		0.2
3				0.17			0.17
4				0.15			0.15
5				0.13			0.13
6				0.12			0.12
7					0.11		0.11
8				0.13			0.13
9				0.16			0.16
10				0.22			0.22
11				0.25			0.25
12				0.22			0.22
13				0.23			0.23
14				0.20			0.20
15				0.19			0.19
16				0.21			0.21
17				0.19			0.19
18				0.18			0.18
19				0.17			0.17
20				0.15			0.15
21				0.13			0.13
22				0.12			0.12
23				0.11			0.11
24				0.12			0.12
25				0.14			0.14
26				0.13			0.13
27				0.15			0.15
28				0.17			0.17
29				0.18			0.18
30				0.20			0.20
31							

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	DATE: 5-10
		SIGNATURE: <i>Leonard A. Fischer</i>	CERT #: 6302
		PHONE #: (503) 879-5497	

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 #: CR4109337 WTP: WTP-A Month/Year: 4-24

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]	CGT	[°C]		Use tables	Yes/No	[GPM]
1/1/40	0.5	226	113	9	7.4	57	Yes	43
2/1/330	0.3		68	9	7.5	55		40
3/1/030	0.6		136	9	7.5	57		41
4/1/060	0.5		113	9	7.5	57		39
5/1/000	0.6		136	9	7.5	57		38
6/1/100	0.7		158	9	7.5	58		41
7/1/930	0.5		113	9	7.5	57		43
8/1/030	0.5		113	9	7.5	57		39
9/1/200	0.5		113	9	7.5	57		40
10/1/030	0.5		113	9	7.5	57		41
11/1/300	0.5		113	9	7.5	57		42
12/1/200	0.5		113	9	7.4	57		40
13/1/000	0.5		113	9	7.4	57		38
14/1/300	0.4		90	9	7.4	55		37
15/1/200	0.4		90	9	7.4	55		36
16/1/130	0.4		90	9	7.4	55		38
17/1/100	0.3		68	9	7.4	55		40
18/1/230	0.3		68	9	7.4	55		39
19/1/430	1.2		271	9	7.5	61		41
20/1/200	0.7		158	9	7.5	58		43
21/1/100	0.5		113	9	7.4	57		44
22/1/300	0.3		68	9	7.5	55		41
23/1/200	0.4		90	9	7.5	55		38
24/1/230	0.5		113	9	7.5	57		39
25/1/030	0.5		113	9	7.5	57		42
26/1/100	0.6		136	9	7.5	57		40
27/1/115	0.6		136	9	7.5	57		38
28/1/130	0.6		136	9	7.5	57		36
29/1/200	0.5		113	9	7.5	57		35
30/1/115	0.4		90	9	7.5	55	Y	34
31/1/								

<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.