

**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: 5-24**

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					0.21		0.21
2					0.19		0.19
3					0.23		0.23
4					0.27		0.27
5				0.24			0.24
6					0.22		0.22
7					0.21		0.21
8					0.19		0.19
9					0.22		0.22
10					0.20		0.20
11					0.17		0.17
12				0.14			0.14
13					0.15		0.15
14						0.23	0.23
15					0.12		0.12
16						0.10	0.10
17						0.09	0.09
18					0.11		0.11
19					0.08		0.08
20					0.11		0.11
21					0.10		0.10
22					0.12		0.12
23					0.12		0.12
24					0.11		0.11
25					0.21		0.21
26						0.22	0.22
27					0.27		0.27
28					0.28		0.28
29					0.29		0.29
30				0.31			0.31
31					0.28		0.28

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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: 6-9-24

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. <sup>2</sup> Filtered systems only.

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

ROCK CREEK WATER DISTRICT ID # OR4498337 WTP: WTP-A Month/Year: 5-24

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	GXT	[°C]		Use tables	Yes/No	[GPM]
11/500	0.4	226	90	9	7.5	55	Yes	35
21/530	0.4		90	9	7.5	55		32
31/600	0.4		90	9	7.5	55		41
41/630	0.4		90	9	7.5	55		36
51/300	0.3		68	9	7.4			38
61/500	0.3		68	9	7.4			36
71/600	0.4		90	9	7.4			33
81/630	0.4		90	9	7.4			29
91/530	0.4		90	9	7.4			28
101/600	0.4		90	9	7.4			31
111/630	0.4		90	9	7.4			32
121/100	0.3		68	9	7.5			34
131/600	0.3		68	9	7.5			31
141/730	0.3		68	9	7.5			29
151/575	0.3		68	9	7.5			32
161/200	0.3		68	9	7.5	✓		34
171/200	0.5		113	9	7.5	57		29
181/630	0.4		90	9	7.5	55		31
191/600	0.3		68	9	7.5			33
201/630	0.3		68	9	7.4			35
211/600	0.3		68	9	7.4			32
221/700	0.3		68	9	7.4			29
231/500	0.3		68	9	7.5	✓		27
241/800	0.5		113	9	7.5	57		32
251/700	0.4		90	9	7.5	55		34
261/900	0.3		68	9	7.5	55		31
271/330	0.6		135	9	7.5	57		29
281/700	0.5		113	9	7.5	57		33
291/630	0.3		68	9	7.5	55		35
301/115	0.5		113	9	7.4	57		30
311/630	0.4	✓	90	9	7.4	55	✓	31

\*If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day.