

**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: **7-24**

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	1600			0.21			0.21
2	12			0.18			0.18
3				0.12			0.12
4				0.11			0.11
5				0.10			0.10
6				0.08			0.08
7				0.08			0.08
8				0.07			0.07
9				0.07			0.07
10				0.07			0.07
11				0.17			0.17
12				0.22			0.22
13				0.19			0.19
14				0.20			0.20
15				0.18			0.18
16				0.19			0.19
17				0.20			0.20
18						0.11	0.11
19						0.10	0.10
20				0.10		0.10	0.10
21				0.13			0.13
22				0.17			0.17
23				0.14			0.14
24				0.14			0.14
25				0.15			0.15
26				0.18			0.18
27				0.20			0.20
28				0.13			0.13
29				0.14			0.14
30				0.15			0.15
31				0.16			0.16

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 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 \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All daily turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			

Notes: *Been Sick*

PRINTED NAME: <i>Leonard A. Fischer</i>	
SIGNATURE: <i>Leonard A. Fischer</i>	DATE: <i>8-20-24</i>
PHONE #: <i>(503) 879-5497</i>	CERT #: <i>6302</i>

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 #: OR4109337 WTP: WTP-A Month/Year: 7-24

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
	[ppm or mg/L]	[minutes]	CGT	[°C]		Use tables	Yes/No	[GPM]
31/400	0.3	226	68	9	7.4	55	Yes	41
21/230	0.3		68	9	7.4	55		43
31/000	0.7		158	9	7.5	58		40
41/030	0.5		113	9	7.5	57		38
51/100	0.4		90	9	7.5	55		36
61/030	0.3		68	9	7.5	55		34
71/050	0.5		113	9	7.5	57		33
81/000	0.9		203	9	7.5	60		35
91/115	0.6		136	9	7.5	57		33
101/015	0.4		90	9	7.5	55		32
111/200	0.3		68	9	7.5	55		34
121/000	0.3		68	9	7.5	55		32
131/100	0.3		68	9	7.4	55		30
141/130	0.3		68	9	7.4	55		31
151/200	0.3		68	9	7.4	55		34
161/100	0.3		68	9	7.4	55		33
171/200	0.3		68	9	7.4	55		35
181/845	0.8		181	9	7.5	58		37
191/845	0.9		203	9	7.5	60		36
201/000	0.6		136	9	7.5	57		34
211/115	0.3		68	9	7.5	55		33
221/015	0.4		90	9	7.5	55		35
231/030	0.4		90	9	7.5	55		32
241/215	0.3		68	9	7.5	55		30
251/045	0.3		68	9	7.5	55		33
251/100	0.3		68	9	7.5	55		34
271/100	0.4		90	9	7.5	55		31
281/100	0.4		90	9	7.5	55		33
291/000	0.3		68	9	7.5	55		30
301/430	0.3		68	9	7.5	55		32
311/300	0.3	↓	68	9	7.4	55	↓	31

³If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DW/P by end of next business day.