

**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 #: **OR4400337** WTP: **WTP-A** Month/Year: **8-24**

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				0.12			0.12
2				0.13			0.13
3				0.14			0.14
4				0.16			0.16
5				0.14			0.14
6				0.17			0.17
7				0.19			0.19
8					0.20		0.20
9				0.14			0.14
10				0.09			0.09
11				0.08			0.08
12				0.07			0.07
13					0.08		0.08
14				0.07			0.07
15					0.12		0.12
16					0.14		0.14
17				0.06			0.06
18				0.08			0.08
19				0.09			0.09
20				0.11			0.11
21				0.10			0.10
22				0.10			0.10
23				0.09			0.09
24				0.11			0.11
25				0.09			0.09
26				0.09			0.09
27				0.09			0.09
28				0.08			0.08
29				0.09			0.09
30				0.11			0.11
31				0.12			0.12

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	CT'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: 9-8-24
		SIGNATURE: <i>Leonard A. Fischer</i>	CERT #: 6302
		PHONE #: (503) 879-5497	

<sup>1</sup> 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 #: OR4100337 WTP: WTP-A Month/Year: 8-24

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]	GXT	[°C]		Use tables	Yes / No	[GPM]
11/000	0.3	226	68	9	7.5	55	Yes	40
21/030	0.4		90	9	7.5	55		39
31/130	0.6		136	9	7.5	57		36
41/145	0.6		136	9	7.5	57		37
51/100	0.6		136	9	7.4	57		39
61/030	0.5		113	9	7.4	57		38
71/030	0.5		113	9	7.4	57		41
81/030	0.5		113	9	7.5	57		39
91/000	0.3		68	9	7.4	55		40
101/000	0.3		68	9	7.5	55		42
111/200	0.6		136	9	7.5	57		40
121/100	0.7		158	9	7.5	58		38
131/715	0.4		90	9	7.5	55		37
141/015	0.5		113	9	7.5	57		40
151/600	0.4		90	9	7.5	55		38
161/615	0.4		90	9	7.5			36
171/030	0.4		90	9	7.5			35
181/100	0.3		68	9	7.5			39
191/030	0.3		68	9	7.4			37
201/130	0.4		90	9	7.4			36
211/100	0.4		90	9	7.4			34
221/130	0.4		90	9	7.4			37
231/145	0.4		90	9	7.4			35
241/115	0.3		68	9	7.5			36
251/100	0.3		68	9	7.5			38
261/030	0.3		68	9	7.5			37
271/100	0.3		68	9	7.5			35
281/030	0.3		68	9	7.5			38
291/100	0.3		68	9	7.5			40
301/100	0.4		90	9	7.5	55		37
311/115	0.5		113	9	7.5	57		36

<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.