



CHA - Drinking Water Program - Turbidity monitoring Report Form. County: Folk
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: ROCK CREEK WATER DISTRICT ID# OR4106337 WTP: WTP-A Month/Year: 9-25

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1						0.07	0.07
2						0.22	0.22
3					0.12		0.12
4					0.13		0.13
5					0.21		0.21
6					0.19		0.19
7					0.14		0.14
8					0.16		0.16
9					0.16		0.16
10					0.11		0.11
11					0.09		0.09
12						0.09	0.09
13						0.09	0.09
14						0.08	0.08
15				0.08			0.08
16				0.08			0.08
17					0.08		0.08
18				0.08			0.08
19					0.10		0.10
20					0.12		0.12
21					0.14		0.14
22					0.16		0.16
23					0.19		0.19
24				0.25			0.25
25						0.22	0.22
26					0.26		0.26
27				0.24			0.24
28					0.21		0.21
29						0.20	0.20
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? ² ☒ Yes / ☐ No	CI's met everyday? (see back) ☒ Yes / ☐ No	All Cl ₂ residual at entry point ≥ 0.2 mg/L? ☒ Yes / ☐ No	
All daily turbidity readings ≤ 5 NTU? ☒ Yes / ☐ No			
Notes:		PRINTED NAME: Leonard A. Fischer	
		SIGNATURE: Leonard Fischer	DATE: 10-10-25
		PHONE: (503) 879-5497	CERT: 6302

¹including 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. ²Filtered systems only.

CHA - Drinking Water Program - Surface Water Quality Data Form

ROCK CREEK WATER DISTRICT ID #: CRW400837 WTP: WTP-A Month/Year: 9-25

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]	CT	[°C]		Use tables	Yes/No	[GPM]
11/900	1.0	97	97	10	7.5	45	Yes	33
21/930	1.0		97	10	7.5	45		32
31/640	1.0		97	10	7.5	45		30
41/430	1.0		97	10	7.5	45		31
51/830	1.0		97	10	7.5	45		34
61/600	1.0		97	10	7.5	45		35
71/630	1.0		97	10	7.4	45		33
81/700	1.0		97	10	7.5	45		31
91/615	1.2		116	10	7.5	46		32
101/430	1.0		97	10	7.5	45		30
111/630	0.7		68	10	7.5	43		33
121/900	0.8		78	10	7.5	44		34
131/800	0.7		68	10	7.5	43		30
141/915	0.8		78	10	7.5	44		32
151/200	0.7		68	10	7.5	43		33
161/330	0.9		87	10	7.5	45		35
171/630	0.8		78	10	7.5	44		32
181/200	0.8		78	10	7.4	44		30
191/600	0.8		78	10	7.4	44		34
201/630	0.8		78	10	7.4	44		32
211/530	0.8		78	10	7.4	44		30
221/600	0.7		68	10	7.4	43		29
231/800	0.7		68	10	7.4	43		34
241/1100	0.8		78	10	7.5	44		35
251/730	0.8		78	10	7.5	44		33
261/600	0.8		78	10	7.5	44		30
271/1100	0.9		87	10	7.5	45		34
281/530	0.8		78	10	7.5	44		31
291/745	0.8		78	10	7.5	44		33
301/700	0.8	Y	78	10	7.4	44	Y	29
311-								

³If Cl₂ at entry point < 0.2 mg/L OR CT not met, notify DWP by end of next business day.Download form at: www.public.health.oregon.gov/HealthyEnvironment/DrinkingWater/Monitoring/Documents/furb-ak-unfiltered.pdf

ROCK CREEK WATER DISTRICT



P.O. Box 123
Grand Ronde, Oregon, 97347
PHONE: 503-879-2681
TDD 1-800-735-2900/RELAY
FAX: 503-879-2687

FAX TRANSMISSION COVER SHEET

Date:	No. Pages: <u>3</u> Including cover sheet
To:	<u>Carrie L. Gentry</u>
Fax:	<u>1-971-673-0458</u>
Re:	<u>Sept Turbidity report</u>
Sender:	<u>Leonard Fisher</u> <u>503-879-5497</u> <u>10-10-25</u>

IF YOU RECEIVE THIS FAX IN ERROR PLEASE CONTACT THE SENDER
IMMEDIATELY - ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL!

[] URGENT [] FOR REVIEW [] PLEASE COMMENT [] PLEASE REPLY

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