

**OHA - Drinking Water Services – Turbidity Monitoring Report Form** County: **Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems**

System Name: Rock Creek Water District ID #: 410037 WTP-: \_\_\_\_\_ Month/Year: 12-25

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					0.28		0.28
2					0.24		0.24
3				0.23			0.23
4					0.26		0.26
5					0.29		0.29
6					0.28		0.28
7					0.28		0.28
8					0.26		0.26
9					0.27		0.27
10					0.26		0.26
11					0.30		0.30
12				0.28			0.28
13					0.29		0.29
14					0.30		0.30
15					0.28		0.28
16					0.27		0.27
17					0.28		0.28
18					0.27		0.27
19					0.26		0.26
20					0.39		0.39
21					0.36		0.36
22				0.31	<del>0</del>		0.31
23					0.35		0.35
24				0.33			0.33
25				0.35			0.35
26					0.38		0.38
27					0.25		0.25
28					0.21		0.21
29					0.22		0.22
30					0.21		0.21
31				0.23			0.23

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <u>Leonard Fischer</u>	
		SIGNATURE: <u>Leonard Fischer</u>	DATE: <u>1-8-26</u>
		PHONE #: <u>(503) 879 5497</u>	CERT #: <u>6302</u>

<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 Services - Surface Water Quality Data Form

System Name:

Rock Creek Water District

ID #:

01-4160337

WTP-:

Month/Year: 12-25

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/16/15	1.3	97	126	9	7.5	61	Yes	31
2/11/30	0.9		87	9	7.5	58		30
3/11/30	1.0		97	9	7.5	60		32
4/1/60	0.8		78	9	7.5	58		34
5/1/60	0.7		68	9	7.4	57		30
6/1	0.7		68	9	7.4	57		32
7/1	0.7		68	9	7.4	57		29
8/1	0.7		68	9	7.4	57		31
9/1	0.7		68	9	7.4	57		33
10/1	0.7		68	9	7.4	57		34
11/1/40	0.6		58	9	7.5	57		32
12/1/20	0.6		58	9	7.5	57		35
13/1/60	0.7		68	9	7.5	57		36
14/1/530	0.7		68	9	7.4	57		33
15/1/2000	0.6		58	9	7.5	57		29
16/1/600	0.7		68	9	7.4	57		32
17/1/530	0.7		68	9	7.4	57		34
18/1/500	0.7		68	9	7.4	57		31
19/1/2000	0.7		68	9	7.5	57		32
20/1/400	1.4		136	9	7.5	62		29
21/1/400	1.8		175	9	7.5	65		31
22/1/100	1.9		184	9	7.5	65		30
23/1/600	1.3		126	9	7.5	65		29
24/1/230	1.3		126	9	7.5	65		32
25/1/000	1.0		97	9	7.5	60		34
26/1/600	0.8		175	9	7.5	58		30
27/1/400	0.9		87	9	7.5	58		33
28/1/4/5	0.7		68	9	7.5	57		35
29/1/600	0.7		68	9	7.4	57		34
30/1/530	0.7		68	9	7.4	57		30
31/1/200	0.6		58	9	7.5	57		32

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/Drinking-Water-Quality-Data-Form.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/Drinking-Water-Quality-Data-Form.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR  
 97293-0350

# 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:	<i>Carrie L. Gentry</i>
Fax:	<i>1-971-673-0458</i>
Re:	<i>Doc: Turbidity report</i>
Sender:	<i>Leonard Fisher</i> <i>503-879-5497</i> <i>1-8-26</i>

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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