

**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 #:** 4100337    **WTP-:**      **Month/Year:** 1-26

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					0.22		0.22
2					0.18		0.18
3					0.22		0.22
4				0.33			0.33
5				<del>0.31</del>	0.31		0.31
6					0.30		0.30
7					0.29		0.29
8					0.31		0.31
9					0.32		0.32
10					0.36		0.36
11					0.31		0.31
12					0.29		0.29
13				0.34			0.34
14				0.28			0.28
15				0.21			0.21
16				0.31	<del>0.22</del>		0.31
17					0.30		0.30
18					0.21		0.21
19					0.24		0.24
20					0.23		0.23
21					0.21		0.21
22					0.19		0.19
23					0.17		0.17
24					0.13		0.13
25					0.13		0.13
26					0.14		0.14
27					0.12		0.12
28					0.14		0.14
29					0.15		0.15
30					0.17		0.17
31					0.20		0.20

Slow Sand/Membrane/DE Filtration/Unfiltered <b>Monthly Summary</b>	<b>Monthly Summary (Answer Yes or No)</b>	
	95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <u>Yes</u> / No All daily turbidity readings ≤ 5 NTU? <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No
<b>Notes:</b>	PRINTED NAME: Leonard Fischer	
	SIGNATURE: <i>Leonard Fischer</i>	DATE: 2-7-26
	PHONE #: ( 503 ) 879-5497	CERT #: 6302

<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, Grand Ronde ID #: 4100337 WTP--: \_\_\_\_\_ Month/Year: 1-26

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]	C X T	[° C]		Use tables	Yes/No	[GPM]
1/15	30 0.8	97	78	9	7.5	58	Yes	31
2/12	∞ 1.0		97	9	7.5	60		30
3/15	∞ 0.8		78	9	7.5	58		29
4/15	∞ 0.7		68	9	7.5	57		32
5/12	∞ 1.0		97	9	7.5	60		30
6/17	∞ 0.8		78	9	7.4	58		31
7/16	30 0.7		68	9	7.4	57		29
8/15	∞ 0.8		78	9	7.4	58		32
9/16	∞ 0.7		68	9	7.4	57		33
10/17	∞ 0.7		68	9	7.4	57		30
11/14	∞ 1.0		97	9	7.5	60		29
12/15	∞ 0.9		87	9	7.5	58		32
13/11	30 0.9		87	9	7.5	58		33
14/12	∞ 0.7		68	9	7.5	57		30
15/12	30 0.6		58	9	7.5	57		32
16/12	30 0.6		58	9	7.5	57		31
17/15	∞ 0.7		68	9	7.5	57		29
18/18	∞ 0.7		68	9	7.4	57		32
19/16	∞ 0.7		68	9	7.4	57		30
20/15	30 0.7		68	9	7.4	57		29
21/15	30 0.6		58	9	7.4	57		32
22/16	∞ 0.6		58	9	7.4	57		34
23/13	15 1.0		97	9	7.5	60		32
24/15	∞ 0.9		87	9	7.5	58		30
25/15	30 0.8		78	9	7.4	58		31
26/16	∞ 0.6		58	9	7.4	57		29
27/16	45 0.8		78	9	7.5	58		32
28/15	∞ 0.8		78	9	7.4	58		33
29/16	30 0.7		68	9	7.4	57		30
30/15	∞ 0.7		68	9	7.5	57		32
31/15	15 0.7	∇	68	9	7.5	57	∇	33

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

Revised November 2022

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-all-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-all-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

[dwp.dmce@oha.oregon.gov](mailto: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:	<u>Carrie L. Gentry</u>
Fax:	<u>1-971-673-0458</u>
Re:	<u>Jam: Turbidity report</u>
Sender :	<u>Leonard Fisher</u> <u>503-879-5497</u> <u>2-9-26</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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