

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

System Name: Rock Water District ID #: OR 4100337 WTP: \_\_\_\_\_ Month/Year: 2-26

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	<del>1.430</del>				0.20		0.20
2	<del>1.536</del>				0.20		0.20
3					0.16		0.16
4					0.14		0.14
5					0.15		0.15
6					0.13		0.13
7					0.14		0.14
8					0.11		0.11
9					0.13		0.13
10					0.12		0.12
11				0.21			0.21
12				0.16			0.16
13					0.17		0.17
14					0.31		0.31
15					0.34		0.34
16					0.33		0.33
17					0.29		0.29
18					0.25		0.25
19					0.21		0.21
20					0.29		0.29
21					0.26		0.26
22					0.25		0.25
23					0.27		0.27
24					0.28		0.28
25				0.29			0.29
26				0.31			0.31
27					0.26		0.26
28					0.28		0.28
29							
30							
31							

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p style="text-align: center;"><b>Monthly Summary</b></p> <p>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</p> <p><b>Notes:</b></p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">                     CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No                 </td> <td style="width: 50%;">                     All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No                 </td> </tr> </table> <p>PRINTED NAME: <u>Leonarda A. Fischer</u></p> <p>SIGNATURE: <u>Leonarda A. Fischer</u> DATE: <u>3-6-26</u></p> <p>PHONE #: <u>(503) 1879-5497</u> CERT #: <u>6302</u></p>	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
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		

<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 #: OR 4100337 WTP: \_\_\_\_\_ Month/Year: 2-26

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
<u>Feb</u>	[ppm or mg/L]	[minutes]	<b>CXT</b>	[°C]		Use tables	Yes / No	[GPM]
2-11 14 <sup>30</sup>	1.0	97	97	9	7.5	60	Yes	31
2-11 17 <sup>30</sup>	1.7		165	9	7.5	64		29
3-11 14 <sup>30</sup>	1.7		165	9	7.5	64		32
4-11 13 <sup>30</sup>	1.7		165	9	7.5	64		30
5-11 13 <sup>30</sup>	1.6		155	9	7.5	64		28
6-11 16 <sup>00</sup>	1.4		136	9	7.4	62		31
7-11 15 <sup>00</sup>	1.3		126	9	7.4	61		29
8-11 15 <sup>30</sup>	1.2		116	9	7.4	61		32
9-11 14 <sup>30</sup>	1.0		97	9	7.4	60		33
10-11 15 <sup>00</sup>	1.1		107	9	7.5	60		31
11-11 10 <sup>30</sup>	1.2		116	9	7.5	61		32
12-11 13 <sup>30</sup>	1.0		97	9	7.5	60		29
13-11 17 <sup>00</sup>	0.8		78	9	7.5	58		27
14-11 17 <sup>00</sup>	0.9		87	9	7.5	60		28
15-11 16 <sup>00</sup>	0.8		78	9	7.5	58		29
16-11 15 <sup>30</sup>	0.7		68	9	7.4	57		31
17-11 14 <sup>30</sup>	0.6		58	9	7.4	57		33
18-11 15 <sup>00</sup>	0.6		58	9	7.4	57		29
19-11 14 <sup>30</sup>	0.6		58	9	7.4	57		27
20-11 18 <sup>00</sup>	0.6		58	9	7.4	57		28
21-11 15 <sup>00</sup>	0.6		58	9	7.5	57		32
22-11 17 <sup>00</sup>	0.6		58	9	7.5	57		30
23-11 16 <sup>00</sup>	0.7		68	9	7.5	57		32
24-11 14 <sup>30</sup>	0.7		68	9	7.5	57		31
25-11 12 <sup>00</sup>	0.6		58	9	7.4	57		29
26-11 10 <sup>30</sup>	0.6		58	9	7.5	57		28
27-11 14 <sup>30</sup>	0.6		58	9	7.5	57		31
28-11 14 <sup>30</sup>	0.1		97	9	7.5	60		32
29-1								
30-1								
31-1								

<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-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-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