

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

System Name: City of Frankla ID #: 80394 WTP: A Month/Year: NOV 2021

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							
2					0.01		0.01
3					0.01		0.01
4					0.01		0.01
5					0.01		0.01
6					0.01		0.01
7				0.01			0.01
8	0.01				0.01		0.01
9							0.01
10					0.01		0.01
11					0.01		0.01
12							-
13					0.01		0.01
14							-
15					0.01	0.01	0.01
16							-
17							-
18					0.01		0.01
19					0.01		0.01
20					0.01		0.01
21							-
22					0.01		0.01
23					0.01		0.01
24					0.01		0.01
25					0.01		0.01
26	0.01						-
27	0.01						0.01
28							0.01
29							-
30					0.01		0.01
31					0.01		0.01

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ² <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 ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>12-7-21</u>
		PHONE #: <u>(503) 854-3315</u>	CERT #: <u>7136</u>

¹ 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. ² Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form - *Giardia* InactivationName: CITY OF JOANNA

ID #41:

00394WTP: AMonth/Year: NOV 2021Log Requirement
(Circle One): (0.5) 1.0

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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1530	.81	187	151	9.7	7.7	30	Yes	100
2/1640	.78	187	146	10.5	7.7	22	Yes	110
3/1615	.76	187	142	10.8	7.7	22	Yes	110
4/1600	.75	187	140	10.8	7.7	22	Yes	90
5/1730	.74	187	138	10.3	7.7	22	Yes	95
6/1045	.73	187	137	10.1	7.6	22	Yes	100
7/1130	.72	187	135	10.2	7.6	22	Yes	100
8/1240	.73	187	137	10.1	7.7	22	Yes	120
9/1545	.73	187	137	9.2	7.7	29	Yes	100
10/1500	.87	187	163	9.5	7.6	30	Yes	110
11/1345	.86	187	161	9.5	7.7	30	Yes	100
12/1550	.80	187	150	10.7	7.6	22	Yes	90
13/1030	.78	187	146	10.4	7.6	22	Yes	90
14/10750	.78	187	146	10.3	7.7	22	Yes	80
15/1545	.78	187	146	10.3	7.6	22	Yes	90
16/1730	.78	187	146	10.4	7.7	22	Yes	95
17/1645	.64	187	120	9.3	7.6	29	Yes	90
18/1640	.58	187	108	9.4	7.6	29	Yes	80
19/1615	.57	187	107	9.6	7.6	29	Yes	85
20/1030	.57	187	107	9.5	7.6	29	Yes	100
21/1630	.57	187	107	9.6	7.6	29	Yes	90
22/1600	.59	187	110	8.2	7.6	29	Yes	85
23/4450	.58	187	108	8.2	7.6	29	Yes	90
24/1600	.55	187	103	8.3	7.6	29	Yes	90
25/1115	.53	187	99	7.6	7.6	29	Yes	110
26/1130	.56	187	105	7.8	7.6	29	Yes	100
27/1400	.54	187	101	7.8	7.6	29	Yes	95
28/1400	.54	187	101	7.9	7.6	29	Yes	80
29/1600	.47	187	88	8.5	7.6	29	Yes	90
30/1620	.50	187	94	8.9	7.6	29	Yes	85
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdfReturn by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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