

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

System Name: Tolawha WTP ID #: 00394/WTP-Tolawha Month/Year: Dec 2025

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		0.01					0.01
2							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
9							0.01
10							0.01
11					0.01		0.01
12		0.01					0.01
13							0.01
14					0.01		0.01
15	0.01						0.01
16		0.01					0.01
17						0.01	0.01
18	0.01				0.01		0.01
19							0.01
20					0.01		0.01
21		0.01	0.01				0.01
22							0.01
23					0.01		0.01
24		0.01		0.01			0.01
25					0.01		0.01
26		0.01					0.01
27						0.01	0.01
28					0.01		0.01
29	0.01	0.01	0.01			0.01	0.01
30	0.01		0.01	0.01	0.01	0.01	0.01
31							0.01

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
<b>Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1/8/24</u> PHONE #: <u>(503) 854-3433</u> CERT #: <u>7136</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 Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Fedanka

ID #41:

WTP-: Month/Year: 2023 Log Requirement (Circle One): 0.5 1.0  
Dec

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]
2100 11/	1.23	187	230	26.1	7.1	15	yes	90
1900 21/	1.23	187	230	26.1	7.1	15	yes	90
1600 31/	1.24	187	231	26.1	7.1	15	yes	80
2000 41/	1.25	187	233	26.1	7.1	15	yes	80
1900 51/	1.24	187	231	26.1	7.1	15	yes	85
1600 61/	1.24	187	231	26.1	7.1	15	yes	85
2100 71/	1.23	187	220	26.1	7.1	15	yes	70
1600 81/	1.25	187	233	27	7.3	15	yes	75
2100 91/	1.25	187	233	27	7.3	15	yes	100
2000 101/	1.38	187	258	26.1	7.1	15	yes	100
1900 111/	1.24	187	231	26.1	7.1	15	yes	95
1600 121/	1.24	187	231	26.1	7.1	15	yes	100
1800 131/	1.24	187	231	26.1	7.1	15	yes	100
10:48 141/	1.23	187	230	26.0	7.1	15	yes	85
2100 151/	.68	187	127	26.0	7.1	15	yes	85
2200 161/	.68	187	127	26.0	7.1	15	yes	70
2100 171/	.68	187	127	26.0	7.1	15	yes	80
1900 181/	.86	187	160	26.0	7.1	15	yes	95
1400 191/	.84	187	157	26.0	7.1	15	yes	100
1600 201/	.98	187	183	26.0	7.1	15	yes	100
2000 211/	.97	187	181	26.0	7.1	15	yes	70
1900 221/	.97	187	181	25.9	7.1	15	yes	75
2000 231/	1.60	187	299	26	7.0	15	yes	85
1800 241/	1.58	187	295	26	7.0	15	yes	90
1700 251/	1.23	187	230	25	7.0	15	yes	95
1900 261/	1.24	187	231	25	7.0	15	yes	80
2100 271/	1.24	187	231	25.9	7.0	15	yes	90
2000 281/	1.24	187	231	25.9	7.0	15	yes	75
1900 291/	1.24	187	231	25.9	7.0	15	yes	100
311/	1.62	187	302	25.0	7.0	15	yes	

<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/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Revised September 2016

Return by 10<sup>th</sup> 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