

Water Services - Turbidity Monitoring Report Form

County: Franklin
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Franklin Water

ID #: 0394 WTP: Idon Month/Year: Nov 2024

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

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary

95% of daily turbidity readings \leq 1 NTU? ² Yes / No
 All daily turbidity readings \leq 5 NTU? Yes / No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No

All Cl₂ residual at entry point \geq 0.2 mg/l? Yes / No

PRINTED NAME: Robert Bruce

SIGNATURE: [Signature] DATE: 12-9-24

PHONE #: (503) 884-3313 CERT #: 7134

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 Services - Surface Water Quality Data Form

System Name: Johnha Water ID #: 00390 WTP: FD Month/Year: Nov 2024

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]
1700 1/	1.56	187	291	9	7	26	Yes	40
1700 2/	1.48	187	276	9	7	26	Yes	80
1700 3/	.86	187	160	9	7	25	Yes	75
1700 4/	1.74	187	325	9	7	27	Yes	70
1800 5/	1.64	187	306	9	7	27	Yes	70
1800 6/	1.17	187	218	9	7	25	Yes	70
1800 7/	1.19	187	222	9	7	25	Yes	70
1800 8/	1.26	187	235	9	7	26	Yes	80
1700 9/	1.46	187	273	9	7	27	Yes	80
1800 10/	.84	187	100	9	7	25	Yes	90
1900 11/	1.00	187	205	9	7	25	Yes	90
1800 12/	1.14	187	213	9	7	25	Yes	100
1700 13/	1.03	187	192	9	7	25	Yes	100
1700 14/	1.46	187	273	9	7	26	Yes	90
1800 15/	1.76	187	329	9	7	27	Yes	85
1900 16/	1.08	187	201	9	7	25	Yes	80
1700 17/	.86	187	160	9	7	25	Yes	90
1700 18/	1.13	187	211	9	7	25	Yes	85
1700 19/	1.10	187	205	9	7	25	Yes	85
1700 20/	1.01	187	188	9	7	25	Yes	85
1600 21/	.42	187	78	9	7	25	Yes	70
1600 22/	.68	187	127	9	7	24	Yes	75
1600 23/	.75	187	140	9	7	24	Yes	70
1600 24/	.80	187	149	9	7	24	Yes	70
1600 25/	.86	187	160	9	7	25	Yes	80
1900 26/	1.01	187	188	9	7	25	Yes	80
1900 27/	1.10	187	205	9	7	25	Yes	90
1900 28/	1.14	187	213	9	7	25	Yes	90
1900 29/	1.10	187	205	9	7	25	Yes	100
1900 30/	.68	187	127	9	7	24	Yes	100
31/								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Download form at: public.health.oregon.gov/HealthvEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf Revised November 2022

Return by 10th 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