

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Oct-24

System Name: Clark Branch Water Association ID#: 41 00548 WTP : TP - A

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	POL	POL	POL	0.05	0.05	0.05	0.05
2	POL	POL	POL	POL	0.05	0.05	0.05
3	0.05	POL	POL	POL	0.05	0.05	0.05
4	0.05	POL	POL	0.05	0.05	0.05	0.05
5	0.05	POL	POL	POL	0.05	0.05	0.05
6	0.05	POL	POL	0.05	0.05	0.05	0.05
7	0.05	0.05	0.05	POL	POL	0.06	0.06
8	0.05	0.05	POL	POL	POL	0.06	0.06
9	0.06	0.06	0.06	POL	POL	POL	0.06
10	POL	POL	POL	POL	0.06	0.06	0.06
11	0.06	0.06	0.06	0.06	0.06	POL	0.06
12	POL	POL	POL	0.06	0.06	0.06	0.06
13	0.06	POL	POL	POL	0.06	0.06	0.06
14	0.06	0.06	POL	POL	0.06	0.06	0.06
15	0.06	0.06	0.06	POL	POL	POL	0.06
16	0.06	0.06	0.06	0.06	0.06	POL	0.06
17	POL	POL	0.06	0.06	0.06	0.06	0.06
18	0.06	6.00	POL	POL	POL	0.06	0.06
19	0.06	0.06	0.06	0.06	0.06	POL	0.06
20	POL	POL	0.06	0.06	0.06	0.06	0.06
21	0.05	0.05	0.05	POL	0.06	0.06	0.06
22	0.06	POL	POL	POL	0.06	0.06	0.06
23	0.06	0.06	0.06	0.06	0.06	0.06	0.06
24	POL	POL	POL	POL	0.06	0.06	0.06
25	0.06	0.06	0.06	0.06	0.06	0.06	0.06
26	POL	POL	0.06	0.06	0.06	0.06	0.06
27	0.05	0.05	0.05	0.06	0.06	0.06	0.06
28	0.06	POL	POL	POL	0.06	0.06	0.06
29	0.06	0.06	0.06	0.06	0.06	0.06	0.06
30	POL	POL	POL	0.05	0.06	0.06	0.06
31	0.06	0.06	0.06	0.08	0.06	POL	0.08

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 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 Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: <i>Dorlyn McNeil</i>
	SIGNATURE: <i>[Signature]</i> DATE: <i>11-1-24</i>
	PHONE #: <i>(571) 680-4513</i> CERT #: <i>009178</i>

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Clark Branch Water Association						ID#: 41		00548		Month/Year: 24-Oct		WTP - : A	
Disinfection <i>Giardia</i> Log Inactive:												1	

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.7	94	65.8	19.0	7.30	22.5	YES	57
2	0.7	94	65.8	19.0	7.30	22.5	YES	57
3	0.8	94	75.2	18.0	7.30	24.3	YES	57
4	0.9	94	84.6	17.0	7.30	26.3	YES	57
5	0.8	94	75.2	17.0	7.30	26.0	YES	57
6	0.8	94	75.2	17.0	7.40	27.0	YES	57
7	0.8	94	75.2	17.0	7.40	27.0	YES	57
8	0.6	94	56.4	18.0	7.50	25.6	YES	57
9	0.8	94	75.2	18.0	7.40	25.3	YES	57
10	0.9	94	84.6	18.0	7.40	25.6	YES	57
11	0.8	94	75.2	18.0	7.40	25.3	YES	57
12	0.6	94	56.4	18.0	7.30	23.8	YES	57
13	0.8	94	75.2	18.0	7.30	24.3	YES	57
14	0.9	94	84.6	18.0	7.30	24.6	YES	57
15	0.9	94	84.6	18.0	7.30	24.6	YES	57
16	0.8	94	75.2	18.0	7.30	24.3	YES	57
17	0.8	94	75.2	18.0	7.30	24.3	YES	57
18	0.8	94	75.2	18.0	7.40	25.3	YES	57
19	0.8	94	75.2	18.0	7.30	24.3	YES	57
20	0.6	94	56.4	18.0	7.30	23.8	YES	57
21	1	94	94.0	18.0	7.30	24.9	YES	57
22	1	94	94.0	18.0	7.40	25.9	YES	57
23	0.8	94	75.2	17.0	7.30	26.0	YES	57
24	1.1	94	103.4	17.0	7.30	26.9	YES	57
25	0.8	94	75.2	17.0	7.40	27.0	YES	57
26	1.1	94	103.4	16.0	7.40	29.9	YES	57
27	1.1	94	103.4	16.0	7.30	28.8	YES	57
28	1.1	94	103.4	16.0	7.30	28.8	YES	57
29	1.2	94	112.8	16.0	7.40	30.2	YES	57
30	1	94	94.0	14.0	7.40	33.8	YES	57
31	1	94	94.0	15.0	7.40	31.6	YES	57

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

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