

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Dec-25

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 <sup>1</sup> [NTU]
1	0.05	0.05	POL	POL	POL	POL	0.05
2	POL	POL	POL	0.05	0.05	0.05	0.05
3	0.05	POL	POL	POL	0.05	0.06	0.06
4	0.05	POL	POL	POL	POL	POL	0.05
5	POL	POL	POL	0.06	0.05	POL	0.06
6	POL	POL	POL	0.05	0.05	0.05	0.05
7	POL	POL	POL	0.05	0.05	0.05	0.05
8	POL	POL	POL	POL	0.05	0.05	0.05
9	0.05	POL	0.05	0.05	POL	POL	0.05
10	POL	POL	0.05	0.05	POL	POL	0.05
11	POL	POL	0.05	0.05	0.05	POL	0.05
12	POL	POL	POL	0.05	0.05	0.05	0.05
13	POL	POL	POL	0.05	0.05	0.05	0.05
14	POL	POL	POL	0.05	0.05	0.05	0.05
15	POL	POL	POL	0.05	0.05	POL	0.05
16	POL	POL	0.05	0.05	0.05	POL	0.05
17	POL	POL	POL	0.05	0.05	0.05	0.05
18	POL	POL	POL	POL	0.05	0.05	0.05
19	0.05	POL	POL	POL	POL	POL	0.05
20	POL	POL	0.05	0.05	0.05	0.05	0.05
21	POL	POL	POL	0.05	0.05	0.05	0.05
22	POL	POL	POL	0.05	0.05	0.05	0.05
23	POL	POL	POL	0.05	0.05	0.05	0.05
24	POL	POL	POL	0.06	0.05	0.05	0.06
25	POL	POL	POL	POL	0.05	0.05	0.05
26	0.05	POL	POL	POL	0.05	0.05	0.05
27	0.05	POL	POL	0.05	0.05	0.05	0.05
28	POL	POL	POL	0.05	0.05	0.05	0.05
29	0.05	POL	POL	POL	0.05	0.05	0.05
30	0.05	POL	POL	POL	0.05	0.05	0.05
31	0.05	POL	POL	0.05	0.05	0.05	0.05

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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Daryn McNeil	DATE: 1-5-26
	SIGNATURE: <i>[Signature]</i>	CERT #: 09178
	PHONE #: (541) 680 4573	

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactive:	1

System Name: Clark Branch Water Association ID#: 41 00548 Month/Year: 25-Dec

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]		formula	Yes / No	[GPM]
1	0.9	94	84.6	14.0	7.40	33.4	YES	53
2	0.9	94	84.6	14.0	7.50	34.6	YES	40
3	0.8	94	75.2	14.0	7.40	33.0	YES	37
4	0.8	94	75.2	14.0	7.40	33.0	YES	55
5	0.7	94	65.8	14.0	7.40	32.6	YES	70
6	1	94	94.0	13.0	7.60	38.9	YES	65
7	1	94	94.0	13.0	7.50	37.5	YES	61
8	0.7	94	65.8	14.0	7.50	33.9	YES	55
9	0.6	94	56.4	14.0	7.50	33.5	YES	65
10	0.7	94	65.8	14.0	7.40	32.6	YES	64
11	0.7	94	65.8	14.0	7.40	32.6	YES	38
12	0.8	94	75.2	14.0	7.40	33.0	YES	92
13	0.9	94	84.6	12.0	7.50	39.9	YES	63
14	0.6	94	56.4	12.0	7.70	41.3	YES	43
15	0.9	94	84.6	14.0	7.50	34.6	YES	58
16	0.8	94	75.2	13.0	7.50	36.6	YES	63
17	0.7	94	65.8	13.0	7.50	36.2	YES	67
18	0.9	94	84.6	13.0	7.50	37.0	YES	63
19	0.7	94	65.8	14.0	7.50	33.9	YES	54
20	1	94	94.0	13.0	7.40	36.1	YES	62
21	1	94	94.0	13.0	7.50	37.5	YES	58
22	0.9	94	84.6	13.0	7.50	37.0	YES	55
23	0.9	94	84.6	13.0	7.50	37.0	YES	85
24	0.9	94	84.6	13.0	7.50	37.0	YES	74
25	1	94	94.0	13.0	7.50	37.5	YES	81
26	0.9	94	84.6	13.0	7.50	37.0	YES	64
27	0.8	94	75.2	12.0	7.50	39.4	YES	90
28	1.1	94	103.4	14.0	7.50	35.4	YES	65
29	1	94	94.0	14.0	7.50	35.0	YES	94
30	1	94	94.0	14.0	7.50	35.0	YES	66
31	1	94	94.0	14.0	7.50	35.0	YES	83

<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

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