

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jan-26

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	POL	0.05
2	POL	POL	0.05	0.05	0.05	0.05	0.05
3	0.05	POL	POL	0.05	0.05	0.05	0.05
4	POL	POL	POL	0.05	0.05	0.05	0.05
5	0.05	POL	POL	0.05	0.05	0.05	0.05
6	0.05	POL	POL	POL	0.06	0.05	0.06
7	0.06	POL	POL	POL	0.05	0.05	0.06
8	0.06	POL	POL	POL	0.05	0.05	0.06
9	0.05	POL	POL	POL	0.05	0.05	0.05
10	0.05	POL	POL	POL	0.05	0.05	0.05
11	0.05	POL	POL	POL	0.05	0.05	0.05
12	0.05	POL	POL	POL	0.05	0.05	0.05
13	0.03	POL	POL	0.03	0.03	0.03	0.03
14	0.03	POL	POL	0.03	0.03	0.05	0.05
15	0.05	0.03	0.05	0.05	0.05	POL	0.05
16	POL	0.03	0.03	0.03	0.05	0.05	0.05
17	0.05	0.05	POL	POL	0.05	0.05	0.05
18	0.03	POL	0.03	POL	0.05	0.03	0.05
19	0.03	POL	POL	0.03	0.05	0.05	0.05
20	0.03	POL	POL	0.05	0.05	0.05	0.05
21	POL	POL	POL	0.05	0.05	0.05	0.05
22	0.05	0.03	POL	0.05	0.05	0.05	0.05
23	0.03	POL	POL	POL	0.05	0.05	0.05
24	0.05	0.05	0.05	POL	POL	0.05	0.05
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	POL	POL	POL	0.05	0.05	0.05	0.05
27	0.05	0.05	0.05	POL	POL	0.05	0.05
28	0.05	0.05	POL	POL	POL	0.05	0.05
29	0.05	0.05	POL	0.05	0.05	POL	0.05
30	POL	POL	POL	POL	0.05	0.05	0.05
31	0.05	0.05	0.05	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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes: High Peak Flow 1-16-26 due to ongoing construction project on distribution/Reservoir

PRINTED NAME: Daryn McNeil 2-5-26
 SIGNATURE: *[Signature]* DATE: 9/17
 PHONE #: (541) 680-4513 CERT #: 9178

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

WTP - : A

System Name: Clark Branch Water Association ID#: 41 00548 Month/Year: 26-Jan Disinfection Giardia Log Inactive: 1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	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	7.50	34.6	YES	63
2	1.2	94	112.8	13.0	7.40	36.9	YES	67
3	1	94	94.0	13.0	7.50	37.5	YES	85
4	1	94	94.0	14.0	7.50	35.0	YES	66
5	1	94	94.0	14.0	7.40	33.8	YES	95
6	0.9	94	84.6	14.0	7.50	34.6	YES	54
7	0.9	94	84.6	14.0	7.50	34.6	YES	51
8	0.8	94	75.2	14.0	7.40	33.0	YES	70
9	1	94	94.0	14.0	7.50	35.0	YES	63
10	0.9	94	84.6	12.0	7.40	38.5	YES	65
11	0.9	94	84.6	12.0	7.50	39.9	YES	75
12	0.9	94	84.6	13.0	7.50	37.0	YES	64
13	0.8	94	75.2	13.0	7.50	36.6	YES	106
14	1.2	94	112.8	12.0	7.40	39.8	YES	75
15	0.8	94	75.2	12.0	7.50	39.4	YES	63
16	0.8	94	75.2	12.0	7.50	39.4	YES	116
17	1	94	94.0	12.0	7.50	40.3	YES	82
18	1.1	94	103.4	11.0	7.40	42.0	YES	74
19	1	94	94.0	10.0	7.50	46.0	YES	96
20	0.8	94	75.2	10.0	7.50	44.9	YES	68
21	0.8	94	75.2	10.0	7.40	43.4	YES	52
22	0.8	94	75.2	10.0	7.40	43.4	YES	84
23	0.8	94	75.2	10.0	7.50	44.9	YES	57
24	0.8	94	75.2	10.0	7.50	44.9	YES	91
25	1	94	94.0	6.0	7.60	62.3	YES	67
26	1	94	94.0	6.0	7.60	62.3	YES	57
27	0.8	94	75.2	6.0	7.60	60.9	YES	60
28	0.8	94	75.2	7.0	7.60	56.9	YES	70
29	1.3	94	122.2	7.0	7.60	60.3	YES	59
30	1	94	94.0	7.0	7.60	58.2	YES	65
31	1	94	94.0	12.0	7.70	43.2	YES	62

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

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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