

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Jan-25**

System Name: <b>Clark Branch Water Association</b>		ID#: <b>41</b>		00548		WTP: TP - <b>A</b>	
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	0.08	0.06	POL	POL	0.09	0.08	0.09
2	0.06	POL	POL	0.09	POL	POL	0.09
3	POL	0.09	0.06	0.11	POL	POL	0.11
4	POL	POL	POL	POL	0.06	0.06	0.06
5	0.06	POL	POL	POL	POL	POL	0.06
6	POL	0.08	0.06	0.05	POL	POL	0.08
7	POL	POL	POL	POL	POL	0.08	0.08
8	0.08	0.08	0.05	0.05	0.05	0.05	0.08
9	POL	POL	POL	0.06	0.06	0.06	0.06
10	POL	POL	POL	POL	POL	0.10	0.10
11	0.06	POL	POL	POL	POL	POL	0.06
12	POL	0.08	0.06	0.06	0.06	POL	0.08
13	POL	POL	POL	POL	0.06	0.06	0.06
14	0.06	POL	POL	0.08	POL	POL	0.08
15	POL	0.06	0.06	0.06	POL	POL	0.06
16	POL	POL	POL	0.06	0.06	0.06	0.06
17	POL	POL	POL	POL	POL	0.06	0.06
18	0.06	0.06	POL	POL	POL	POL	0.06
19	POL	0.08	0.06	0.06	0.08	POL	0.08
20	POL	POL	POL	POL	0.05	0.06	0.06
21	0.05	POL	POL	POL	POL	POL	0.05
22	POL	0.06	0.06	0.06	POL	POL	0.06
23	POL	POL	POL	0.05	0.05	0.05	0.05
24	0.05	POL	POL	POL	POL	0.06	0.06
25	0.06	0.06	POL	POL	POL	POL	0.06
26	POL	0.08	0.06	0.06	0.05	POL	0.08
27	POL	POL	POL	POL	POL	0.06	0.06
28	0.06	0.06	POL	POL	POL	POL	0.06
29	POL	POL	0.06	0.06	0.06	POL	0.06
30	POL	POL	POL	POL	0.06	0.06	0.06
31	0.05	POL	POL	POL	POL	POL	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**

SIGNATURE: *[Signature]* DATE: **2-7-25**

PHONE #: **(541) 680-4513** CERT #:

<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

System Name: Clark Branch Water Association	ID#: 41	00548	Month/Year: 25-Jan	Disinfection <i>Giardia</i> Log Inactive: 1
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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	1	94	94.0	12.0	7.20	36.3	YES	57
2	0.9	94	84.6	10.0	7.10	39.5	YES	57
3	1	94	94.0	13.0	7.30	34.8	YES	57
4	0.9	94	84.6	13.0	7.30	34.4	YES	57
5	0.8	94	75.2	14.0	7.00	28.5	YES	57
6	1	94	94.0	14.0	7.20	31.4	YES	57
7	1.3	94	122.2	14.0	7.30	33.7	YES	57
8	1	94	94.0	13.0	7.30	34.8	YES	57
9	1	94	94.0	14.0	7.20	31.4	YES	57
10	0.9	94	84.6	14.0	7.30	32.2	YES	57
11	0.8	94	75.2	14.0	7.30	31.8	YES	57
12	0.8	94	75.2	11.0	7.10	36.6	YES	57
13	0.9	94	84.6	12.0	7.10	34.7	YES	57
14	1	94	94.0	12.0	7.30	37.6	YES	57
15	0.8	94	75.2	11.0	7.30	39.2	YES	57
16	1	94	94.0	12.0	7.20	36.3	YES	57
17	1	94	94.0	12.0	7.10	35.1	YES	57
18	1	94	94.0	14.0	7.30	32.5	YES	57
19	1	94	94.0	10.0	7.00	38.6	YES	57
20	1	94	94.0	11.0	7.10	37.4	YES	57
21	0.9	94	84.6	10.0	7.10	39.5	YES	57
22	1.1	94	103.4	10.0	7.10	40.4	YES	57
23	1	94	94.0	10.0	7.10	40.0	YES	57
24	0.9	94	84.6	10.0	7.20	40.9	YES	57
25	1	94	94.0	12.0	7.20	36.3	YES	57
26	0.7	94	65.8	6.0	7.40	56.0	YES	57
27	0.9	94	84.6	8.0	7.30	48.4	YES	57
28	0.8	94	75.2	8.0	7.20	46.1	YES	57
29	1.2	94	112.8	8.0	7.20	48.3	YES	57
30	1	94	94.0	8.0	7.20	47.2	YES	57
31	1	94	94.0	8.0	7.20	47.2	YES	57

<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