

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **Feb-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 ¹ [NTU]
1	POL	0.06	0.06	0.06	POL	POL	0.06
2	POL	POL	POL	0.06	0.06	POL	0.06
3	POL	POL	POL	0.14	0.08	0.06	0.14
4	0.06	0.16	POL	POL	POL	POL	0.16
5	POL	0.13	0.07	0.06	POL	POL	0.13
6	POL	POL	POL	POL	0.08	0.06	0.08
7	0.06	POL	POL	POL	POL	POL	0.06
8	0.06	0.05	POL	POL	POL	POL	0.06
9	POL	0.08	0.06	0.06	0.06	POL	0.08
10	POL	POL	POL	POL	POL	0.06	0.06
11	0.06	0.06	POL	POL	POL	POL	0.06
12	POL	0.05	0.06	0.06	POL	POL	0.06
13	POL	POL	POL	0.06	0.06	0.06	0.06
14	0.06	POL	POL	POL	POL	0.08	0.08
15	0.08	0.08	POL	POL	POL	POL	0.08
16	POL	0.09	0.08	0.06	0.06	0.06	0.09
17	POL	POL	POL	POL	0.08	0.06	0.08
18	0.06	POL	POL	POL	0.08	0.06	0.08
19	0.06	POL	POL	POL	POL	POL	0.06
20	0.06	0.06	0.06	POL	POL	POL	0.06
21	POL	POL	POL	0.08	0.06	0.06	0.08
22	0.06	POL	POL	POL	POL	POL	0.06
23	0.06	0.06	POL	POL	POL	POL	0.06
24	POL	POL	POL	POL	0.18	0.10	0.18
25	0.08	0.06	POL	POL	POL	POL	0.08
26	POL	POL	0.08	POL	POL	0.07	0.08
27	0.12	0.12	POL	POL	POL	POL	0.12
28	0.08	0.06	0.07	POL	POL	POL	0.08
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: **Daryn McNeil**
 SIGNATURE: *[Signature]* DATE: **3-4-25**
 PHONE #: **(541) 680-4513** CERT #: **09178**

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: 25-Feb	Disinfection <i>Giardia</i> Log Inactive: 1
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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	0.9	94	84.6	8.0	7.20	46.7	YES	57
2	0.8	94	75.2	8.0	7.30	47.8	YES	57
3	0.8	94	75.2	9.0	7.20	43.2	YES	57
4	0.9	94	84.6	9.0	7.20	43.7	YES	57
5	0.9	94	84.6	9.0	7.30	45.3	YES	57
6	1	94	94.0	9.0	7.20	44.2	YES	57
7	1.1	94	103.4	9.0	7.30	46.3	YES	57
8	0.9	94	84.6	9.0	7.30	45.3	YES	57
9	1.1	94	103.4	8.0	7.10	46.1	YES	57
10	1.1	94	103.4	9.0	7.20	44.7	YES	57
11	1	94	94.0	9.0	7.20	44.2	YES	57
12	1	94	94.0	9.0	7.30	45.8	YES	57
13	1	94	94.0	8.0	7.20	47.2	YES	57
14	0.9	94	84.6	9.0	7.30	45.3	YES	57
15	1.1	94	103.4	9.0	7.20	44.7	YES	57
16	0.9	94	84.6	11.0	7.20	38.3	YES	57
17	1	94	94.0	10.0	7.20	41.4	YES	57
18	1.1	94	103.4	10.0	7.30	43.3	YES	57
19	1.1	94	103.4	11.0	7.30	40.6	YES	57
20	0.9	94	84.6	13.0	7.10	31.9	YES	57
21	0.9	94	84.6	13.0	7.10	31.9	YES	57
22	1	94	94.0	13.0	7.30	34.8	YES	57
23	1.2	94	112.8	13.0	7.20	34.3	YES	57
24	1.2	94	112.8	12.0	7.00	34.7	YES	57
25	1	94	94.0	12.0	7.00	33.9	YES	57
26	0.5	94	47.0	10.0	6.90	35.3	YES	57
27	0.6	94	56.4	11.0	6.80	32.3	YES	57
28	1.1	94	103.4	11.0	6.80	34.2	YES	57
29		94						57
30		94						57
31		94						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