

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: JAN/2021
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CHL District Improvement Co. ID #: 4100600 WTP: _____ Month/Year: 01/2021

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	.FF	1	1	1	1	1	/
2	1	1	1	1	1	1	/
3	1	1	1	1	1	1	/
4	1	1	1	1	1	1	/
5	1	1	1	1	1	1	/
6	1	1	1	1	1	1	/
7	1	1	.053	.FF	1	1	.053
8	1	1	.066	.FF	1	1	.066
9	1	1	1	1	1	1	/
10	1	1	.108	.FF	1	1	.108
11	1	1	1	1	1	1	/
12	1	1	1	1	1	1	/
13	1	1	1	1	1	1	/
14	1	1	1	1	1	1	/
15	1	1	.069	.FF	1	1	.069
16	1	1	1	1	1	1	/
17	1	1	1	1	1	1	/
18	1	1	1	1	1	1	/
19	1	1	1	1	1	1	/
20	1	1	1	1	1	1	/
21	1	1	.144	.FF	1	1	.144
22	1	1	1	1	1	1	/
23	1	1	1	1	1	1	/
24	1	1	1	1	1	1	/
25	1	1	.071	.FF	1	1	.071
26	1	1	1	1	1	1	/
27	1	1	.036	.FF	1	1	.036
28	1	1	1	1	1	1	/
29	1	1	1	1	1	1	/
30	1	1	1	1	1	1	/
31	1	1	.119	.FF	1	1	.119

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
	Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: <u>TREVOR SCHAMBERL</u>	DATE: <u>02/02/2021</u>
	SIGNATURE: <u>[Signature]</u>	CERT #: <u>T-43661</u>
	PHONE #: <u>(541) 992-1090</u>	

¹ Including continuous turbidity data, if applicable, for optimization/recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

JAN/2021

System Name: CHL-District Improvement Co. ID #: 4100600 WTP: _____ Month/Year: 01/2021

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
0855	1.2	47	56	10°	7.5	23	Yes	50
0900	1.2		56	↓	↓	23	Yes	60pm
1100	1.2		56	↓	↓	23	Yes	
0930	1.0		47	↓	↓	22	Yes	
0840	1.5		70	↓	↓	24	Yes	
0855	1.0		47	11°	↓	22	Yes	
1130	1.0		47	10°	↓	22	Yes	
1000	1.2		56	↓	↓	23	Yes	
1150	1.4		65	↓	↓	23	Yes	
1430	1.2		56	↓	↓	23	Yes	
1000	1.2		56	↓	↓	23	Yes	
1000	1.0		47	↓	↓	22	Yes	
0920	1.2		56	↓	↓	23	Yes	
1045	1.2		61	↓	↓	23	Yes	
1000	1.2		56	↓	↓	23	Yes	
0900	1.0		47	↓	↓	22	Yes	
0915	1.0		47	↓	↓	22	Yes	
0930	1.0		47	↓	↓	22	Yes	
0900	1.0		47	↓	↓	22	Yes	
1000	1.0		47	↓	↓	22	Yes	
0945	1.0		47	↓	↓	22	Yes	
1015	1.1		51	↓	↓	23	Yes	
0900	1.0		47	↓	↓	22	Yes	
0900	1.0		47	↓	↓	22	Yes	
0915	1.0		47	↓	↓	22	Yes	
0930	1.0		47	↓	↓	22	Yes	
1000	1.0		47	↓	↓	22	Yes	
1030	1.0		47	↓	↓	22	Yes	
0930	1.0		47	↓	↓	22	Yes	
1400	1.0		47	↓	↓	22	Yes	
1200	1.0		47	↓	↓	22	Yes	

³ If Cl₂ at entry point < 0.2 mg/L OR CT not met, notify DWS within 24 hours. Revised September 2016
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
 dwr_dmce@state.or.us, 971-673-0694, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350