

System Name: *CHR District Improvement Co* ID #: *4100600* WTP-: \_\_\_\_\_ Month/Year: *02/2021*

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	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
2	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
3	<i>1</i>	<i>1</i>	<i>.120</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.120</i>
4	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
5	<i>1</i>	<i>1</i>	<i>.033</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.033</i>
6	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
7	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
8	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
9	<i>1</i>	<i>1</i>	<i>.226</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.226</i>
10	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
11	<i>1</i>	<i>1</i>	<i>.276</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.276</i>
12	<i>1</i>	<i>1</i>	<i>.129</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.129</i>
13	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
14	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
15	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
16	<i>1</i>	<i>1</i>	<i>.095</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.095</i>
17	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
18	<i>1</i>	<i>1</i>	<i>.246</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.246</i>
19	<i>1</i>	<i>1</i>	<i>.244</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.244</i>
20	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
21	<i>1</i>	<i>1</i>	<i>.105</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.105</i>
22	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
23	<i>1</i>	<i>1</i>	<i>.204</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.204</i>
24	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
25	<i>1</i>	<i>1</i>	<i>.036</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.036</i>
26	<i>1</i>	<i>1</i>	<i>.241</i>	<i>OFF</i>	<i>1</i>	<i>1</i>	<i>.241</i>
27	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
28	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
29	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
30	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
31	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>

50 GPM

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: <i>TREVOR SCHWABEL</i> SIGNATURE: <i>[Signature]</i> DATE: <i>3/9/2021</i> PHONE NO: <i>541 992-1090</i> CERT # <i>T-436613</i>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

Feb/2021

System Name: CHR District Improvement Co.

ID #: 4100600 WTP: \_\_\_\_\_

Month/Year: 02/2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
0930	1.0	47	47	10°	7.5	22	Yes	50
0900	1.0		47	↓	↓	22	Yes	GPM
0930	1.0		47	↓	7.7	27	Yes	
0935	1.0		47	↓	7.6	27	Yes	
0930	.9		42	↓	7.7	27	Yes	
1130	.9		42	↓	↓	27	Yes	
1400	.9		42	↓	7.5	22	Yes	
0915	1.0		47	↓	↓	22	Yes	
1000	1.0		47	↓	7.7	27	Yes	
1000	1.0		47	↓	7.5	22	Yes	
1000	1.0		47	↓	7.8	27	Yes	
1000	1.0		47	9°	↓		Yes	
0900	1.0		47	10°	↓	27	Yes	
1400	1.0		47	↓	7.7	27	Yes	
1000	1.0		47	9°	7.5	30	Yes	
0900	1.0		47	↓	7.8	36	Yes	
0830	1.0		47	↓	7.5	36	Yes	
1030	.9		42	↓	7.8	36	Yes	
0930	.9		42	10°	↓	27	Yes	
0900	1.0		47	↓	↓	27	Yes	
1130	1.0		47	↓	7.7	27	Yes	
0930	1.0	.9	42	↓	7.8	27	Yes	
0830	1.0		47	↓	7.6	27	Yes	
0900	.9		42	↓	7.7	27	Yes	
0906	.8		37	↓	↓	26	Yes	
0830	1.2		56	↓	7.5	23	Yes	
0900	.9		42	9°	7.7	36	Yes	
1400	.9		42	10°	↓	27	Yes	
29/								
30/								
31/								

<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 September 2016

Download form at [public.health.oregon.gov/HealthyEnvironment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

dwr\_dmcc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14050, Portland, OR 97293-0350