

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

System Name: CHR-District Improvement Co. ID #: 4100600 WTP:- Month/Year: 3/2021

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	OFF	11	11	11	11	11	
2	11	11	11	11	11	11	
3	11	11	11	11	11	11	
4	11	11	11	11	11	11	
5	11	11	.024	FF	11	11	.024
6	11	11	11	11	11	11	
7	11	11	11	11	11	11	
8	11	11	11	11	11	11	
9	11	11	.056	FF	11	11	.056
10	11	11	.108	FF	11	11	.108
11	11	11	11	11	11	11	
12	11	11	.056	FF	11	11	.056
13	11	11	11	11	11	11	
14	11	11	11	11	11	11	
15	11	11	11	11	11	11	
16	11	11	.121	FF	11	11	.121
17	11	11	11	11	11	11	
18	11	11	11	11	11	11	
19	11	11	.024	FF	11	11	.024
20	11	11	11	11	11	11	
21	11	11	11	11	11	11	
22	11	11	11	11	11	11	
23	11	11	.025	FF	11	11	.025
24	11	11	11	11	11	11	
25	11	11	.255	FF	11	11	.255
26	11	11	11	11	11	11	
27	11	11	11	11	11	11	
28	11	11	11	11	11	11	
29	11	11	11	11	11	11	
30	11	11	.235	FF	11	11	.235
31	11	11	11	11	11	11	

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="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>IRENE SCHWABEL</u>		DATE: <u>4/6/2021</u>
	SIGNATURE: <u>[Signature]</u>		CERT #: <u>436613</u>
	PHONE #: <u>(541) 992-1090</u>		

<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 *March/2021*

System Name: *CHR-District Improvement Co.*

ID #: *4100600* WTP-:

Month/Year: *3/2021*

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1000	.9	47	42	9°	7.5	30	Yes	50
0935	.9		42	↓	7.7	36	Yes	GPM
0930	.9		42	↓	7.8	36	Yes	
0900	.8		37	10°	7.5	22	Yes	
0945	.8		37	↓	7.6	26	Yes	
0900	1.0		47	↓	7.6	27	Yes	
1200	1.0		47	↓	7.6	27	Yes	
0925	1.0		47	↓	7.5	22	Yes	
0900	1.0		47	↓	7.8	27	Yes	
0945	1.0		47	↓	7.6	27	Yes	
1025	1.0		47	↓	7.5	22	Yes	
0945	1.0		47	↓	7.6	27	Yes	
0900	1.0		47	↓	7.7	27	Yes	
1200	1.0		47	↓	7.6	27	Yes	
0930	1.0		47	↓	7.5	22	Yes	
0900	1.0		47	↓	7.7	27	Yes	
1015	1.0		47	↓	7.5	22	Yes	
1100	1.0		47	↓	7.5	22	Yes	
1000	1.0		47	↓	7.7	27	Yes	
1200	1.0		47	↓	7.5	22	Yes	
1200	1.0		47	↓	7.6	27	Yes	
0900	1.0		47	↓	7.6	27	Yes	
1000	1.0		47	↓	7.6	27	Yes	
0940	1.0		47	↓	7.5	22	Yes	
1000	1.0		47	↓	7.7	27	Yes	
0900	1.0		47	↓	7.5	22	Yes	
1000	1.0		47	↓	7.6	27	Yes	
0930	1.0		47	↓	7.5	22	Yes	
0830	1.0		47	↓	7.7	27	Yes	
1030	.9		42	↓	7.6	27	Yes	
1000	.9		42	↓	7.5	22	Yes	

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

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

[dwc\\_dmcg@state.or.us](mailto:dwc_dmcg@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350