

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

System Name: **CHR-District Improvement Co.** ID #: **4/00600** WTP-: _____ Month/Year: **4/2021**

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	.138	•FF	1	1	.138
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	1	1	1	1	
8	1	1	.018	•FF	1	1	.018
9	1	1	.138	•FF	1	1	.138
10	1	1	1	1	1	1	
11	1	1	1	1	1	1	
12	1	1	.052	•FF	1	1	.052
13	1	1	1	1	1	1	
14	1	1	1	1	1	1	
15	1	1	.134	•FF	1	1	.134
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	.103	•FF	1	1	.103
21	1	1	1	1	1	1	
22	1	1	.047	•FF	1	1	.047
23	1	1	1	1	1	1	
24	1	1	1	1	1	1	
25	1	1	1	1	1	1	
26	1	1	.070	•FF	1	1	.070
27	1	1	.054	•FF	1	1	.054
28	1	1	1	1	1	1	
29	1	1	1	1	1	1	
30	1	1	1	1	1	1	
(31)	[scribbled out]						

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or 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: TREVOR SCHNABEL	
	SIGNATURE: <i>[Signature]</i>	DATE: 5/5/2021
	PHONE #: (541) 992-1090	CERT #: 1-436613

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

APRIL/2021

System Name: **CHR-District Improvement Co.**

ID #: **4100600** WTP-:

Month/Year: **4/2021**

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]
1030	.9	47	42	10°	7.5	22	Yes	50
1000	.9		42	↓	7.6	27	Yes	GPM
1030	.9		42	↓	↓	27	Yes	
1230	.9		42	↓	↓	27	Yes	
0915	.8		37	↓	7.5	22	Yes	
1000	.9		42	↓	7.6	27	Yes	
0900	.9		42	↓	7.7	27	Yes	
1000	.9		42	↓	7.6	27	Yes	
1030	.9		42	↓	↓	27	Yes	
1200	.9		42	↓	7.7	27	Yes	
1300	.9		42	↓	7.6	27	Yes	
0900	1.0		47	↓	↓	27	Yes	
0935	1.0		47	↓	7.5	22	Yes	
0945	1.0		47	↓	↓	22	Yes	
1000	1.0		47	↓	7.7	27	Yes	
0900	1.0		47	↓	↓	27	Yes	
1200	1.0		47	11°	7.6	27	Yes	
1200	.9		42	10°	7.7	27	Yes	
1030	1.0		47	↓	7.5	22	Yes	
0935	1.0		47	↓	↓	22	Yes	
0830	.8		37	11°	↓	22	Yes	
0940	.7		32	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
0800	.9		42	10°	↓	22	Yes	
1000	1.0		47	↓	7.7	27	Yes	
1000	1.0		47	11°	↓	27	Yes	
0900	1.0		47	↓	7.6	27	Yes	
1000	1.0		47	↓	7.7	27	Yes	
1000	1.0		47	↓	7.5	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/turb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350