

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: Mcay/2-21
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CHR-District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 5/2021

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	.209	FF	1	1	.209
4	1	1	1	1	1	1	/
5	1	1	.083	FF	1	1	.083
6	1	1	1	1	1	1	/
7	1	1	.044	FF	1	1	.044
8	1	1	1	1	1	1	/
9	1	1	1	1	1	1	/
10	1	1	1	1	1	1	/
11	1	1	.077	FF	1	1	.077
12	1	1	.113	FF	1	1	.113
13	1	1	1	1	1	1	/
14	1	1	.222	FF	1	1	.222
15	1	1	1	1	1	1	/
16	1	1	1	1	1	1	/
17	1	1	1	1	1	1	/
18	1	1	.106	FF	1	1	.106
19	1	1	1	1	1	1	/
20	1	1	1	1	1	1	/
21	1	1	1	1	1	1	/
22	1	1	1	1	1	1	/
23	1	1	1	1	1	1	/
24	1	1	1	1	1	1	/
25	1	1	.196	FF	1	1	.196
26	1	1	1	1	1	1	/
27	1	1	1	1	1	1	/
28	1	1	.036	FF	1	1	.036
29	1	1	1	1	1	1	/
30	1	1	1	1	1	1	/
31	1	1	1	1	1	1	/

50
 GPM

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"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: <u>TREVOR SCHNABEL</u>	DATE: <u>6/2/2021</u>
	SIGNATURE: <u>[Signature]</u>	CERT #: <u>T-436613</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 *May/2021*

System Name: *CHR-District Improvement Co.*

ID #: *4100600* WTP-:

Month/Year: *5/2021*

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
0900	1.0	47	47	11°	7.6	27	Yes	50
1200	1.0		47	↓	7.8	27	Yes	GPM
1100	1.0		47	↓	7.6	27	Yes	
0955	1.0		47	↓	7.5	22	Yes	
0930	.9		42	12°	7.6	27	Yes	
0930	.9		42	11°	7.6	27	Yes	
0930	.9		42	12°	↓	27	Yes	
1200	.9		42	↓	↓	27	Yes	
0815	.9		42	↓	↓	27	Yes	
0935	1.0		47	11°	7.5	22	Yes	
1000	.9		42	12°	7.6	27	Yes	
0900	.9		42	↓	↓	27	Yes	
0955	1.0		47	↓	7.5	22	Yes	
0900	1.0		47	↓	7.6	27	Yes	
1100	.9		42	↓	7.5	22	Yes	
1200	.9		42	11°	↓	22	Yes	
0900	1.0		47	12°	7.7	27	Yes	
0930	1.0		47	↓	7.6	27	Yes	
0900	1.0		47	11°	↓	27	Yes	
1000	1.0		47	↓	↓	27	Yes	
1000	.9		42	12°	7.5	22	Yes	
1000	.9		42	↓	↓	22	Yes	
1200	.9		42	↓	7.6	27	Yes	
1000	.8		37	↓	7.5		Yes	
0930	.9		42	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
0900	.8		37	↓	↓	22	Yes	
0930	.9		42	↓	7.6	27	Yes	
0930	.9		42	↓	↓	27	Yes	
1200	.9		42	↓	↓	27	Yes	
1000	.8		37	↓	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:

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