

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

System Name: CH2-District Improvement Co. ID #: 4100600 WTP: \_\_\_\_\_ Month/Year: 06/2021

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	FF	1	1	1	1	1	1
2	1	1	.071	FF	1	1	.071
3	1	1	.104	FF	1	1	.104
4	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1
8	1	1	.090	FF	1	1	.090
9	1	1	.039	FF	1	1	.039
10	1	1	.026	FF	1	1	.026
11	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1
15	1	1	.020	FF	1	1	.020
16	1	1	.029	FF	1	1	.029
17	1	1	.040	FF	1	1	.040
18	1	1	.025	FF	1	1	.025
19	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1
22	1	1	.030	FF	1	1	.030
23	1	1	.028	FF	1	1	.028
24	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1
26	1	1	.058	FF	1	1	.058
27	1	1	.031	FF	1	1	.031
28	1	1	1	1	1	1	1
29	1	1	1	1	1	1	1
30	1	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? <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's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>TREVOR SCHNABEL</u>	DATE: <u>7/6/2021</u>
	SIGNATURE: <u>[Signature]</u>	CERT #: <u>T-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 "4 PM" may not correspond to "continuous readings" maximum. <sup>2</sup> Filtered systems only.

June/2021

Oregon DHS - Drinking Water Program - Surface Water Quality Data Form

System Name: CHR-District Improvement Co. ID #: 4100600 Month/Year: 06/2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1/0900	.9	47	42	12°	7.5	22	Yes
2/0930	.8		37	13°	v	22	Yes
3/1200	1.0		47	v	7.6	27	Yes
4/0930	.8		37	v	v	26	Yes
5/1200	.8		37	v	7.5	22	Yes
6/1200	.8		37	v	v	22	Yes
7/0930	.7		32	v	v	22	Yes
8/0900	.8		37	v	v	22	Yes
9/1015	1.0		47	v	7.6	27	Yes
10/0930	1.2		56	v	v	28	Yes
11/0900	1.0		47	v	7.5	22	Yes
12/0900	1.0		47	v	7.6	27	Yes
13/1000	1.0		47	v	v	27	Yes
14/1000	1.0		47	v	v	27	Yes
15/1000	1.0		47	12°	v	27	Yes
16/1000	1.0		47	13°	7.7	27	Yes
17/0930	1.2		56	v	v	28	Yes
18/1000	1.2		56	v	7.6	28	Yes
19/1000	1.2		56	v	v	28	Yes
20/1200	1.1		51	v	7.7	28	Yes
21/1200	1.1		51	v	v	28	Yes
22/1030	1.1		51	v	7.6	28	Yes
23/0930	1.0		47	v	v	27	Yes
24/0900	.9		42	14°	7.5	22	Yes
25/0900	1.0		47	13°	v	22	Yes
26/1000	1.0		47	v	v	22	Yes
27/1200	1.0		47	v	7.6	27	Yes
28/0945	.7		32	v	7.5	22	Yes
29/1000	.8		37	14°	v	22	Yes
30/1000	.8		37	13°	v	22	Yes

50 GPM