

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

System Name: CHA District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 08/2-21

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	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	.152	• FF	✓	✓	.152
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	.038	• FF	✓	✓	.038
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	.152	• FF	✓	✓	.152
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	.020	• FF	✓	✓	.020
13	✓	✓	.185	• FF	✓	✓	.185
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	.067	• FF	✓	✓	.067
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓
19	✓	✓	.043	• FF	✓	✓	.043
20	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓	✓	✓
22	✓	✓	.124	• FF	✓	✓	.124
23	✓	✓	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	.086	• FF	✓	✓	.086
26	✓	✓	✓	✓	✓	✓	✓
27	✓	✓	.144	• FF	✓	✓	.144
28	✓	✓	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓
31	✓	✓	.031	• FF	✓	✓	.031

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	<input checked="" type="checkbox"/> CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>TREJAP SCHNABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>9/10/2-21</u>
	PHONE #: <u>(541) 1992-1090</u>	CERT #: <u>T-43661</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

Aug/2021

System Name: CHR District Improvement Co.

ID #: 4000600 WTP-:

Month/Year: 8/2021

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]
10010	.7	47	32	15°	7.5	15	Yes	50
0920	.7		32	↓	↓	15	Yes	GPM
1200	.6		28	↓	↓	14	Yes	
1000	.6		28	↓	↓	14	Yes	
1256	.7		32	↓	↓	15	Yes	
1000	.8		37	↓	↓	15	Yes	
1007	.8		37	↓	↓	15	Yes	
1030	.8		37	↓	↓	15	Yes	
0900	.8		37	↓	↓	15	Yes	
0900	.6		28	↓	↓	14	Yes	
1030	.8		37	↓	↓	15	Yes	
1100	.8		37	↓	↓	15	Yes	
1000	.8		37	↓	↓	15	Yes	
1200	.8		37	↓	↓	15	Yes	
0950	.7		32	↓	↓	15	Yes	
1000	.7		32	↓	↓	15	Yes	
0900	.8		37	↓	↓	15	Yes	
1000	.7		32	↓	↓	15	Yes	
0800	.8		37	↓	↓	15	Yes	
0900	.7		32	↓	↓	15	Yes	
1000	.6		28	↓	↓	14	Yes	
0900	.7		32	↓	↓	15	Yes	
0830	.8		37	↓	↓	15	Yes	
1300	.9		42	↓	↓	15	Yes	
0800	.8		37	↓	↓	15	Yes	
1200	.6		28	↓	↓	14	Yes	
1030	.6		28	↓	↓	14	Yes	
1100	.7		32	↓	↓	15	Yes	
0900	.7		32	↓	↓	15	Yes	
1200	.8		37	↓	↓	15	Yes	
1345	.7		32	↓	↓	15	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