

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

System Name: CHR-District Improvement Co ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 10/2021

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	1	1	1	1	1
3	1	1	1	1	1	1	1
4	1	1	.056	.FF	1	1	.056
5	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1
7	1	1	.027	.FF	1	1	.027
8	1	1	.034	.FF	1	1	.034
9	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1
12	1	1	.086	.FF	1	1	.086
13	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1
15	1	1	.052	.FF	1	1	.052
16	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1
18	1	1	.081	.FF	1	1	.081
19	1	1	1	1	1	1	1
20	1	1	.164	.FF	1	1	.164
21	1	1	.082	.FF	1	1	.082
22	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1
28	1	1	.108	.FF	1	1	.108
29	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1

Slow Sand/Membrane/DE Filtration/Unfiltered <b>Monthly Summary</b>	Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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
Notes:	PRINTED NAME: <u>TREVOR SCHMIDT</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>11/10/2021</u>
	PHONE #: <u>(541) 992-1090</u>	CERT #: <u>T-436613</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.

OCT/2/21

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: CHR-District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 10/2/21

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
0950	1.2	47	56	15°	7.7	19	Yes	50
0930	1.2		56	↓	7.6	19	Yes	GPM
1015	1.0		47	↓	↓	18	Yes	
1245	1.0		47	↓	↓	18	Yes	
0930	.9		42	↓	7.5	15	Yes	
1085	.9		42	14°	7.5	22	Yes	
1175	.8		37	↓	↓	22	Yes	
1000	1.0		47	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
0908	.8		37	↓	↓	22	Yes	
0850	.8		37	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
0930	.8		37	↓	↓	22	Yes	
1000	.9		42	↓	7.6	26	Yes	
1030	1.0		47	↓	↓	27	Yes	
0930	1.0		47	↓	7.7	27	Yes	
1200	.9		42	↓	7.6	26	Yes	
1085	.8		37	↓	7.5	22	Yes	
1200	.8		37	↓	↓	22	Yes	
1200	.7		32	↓	↓	22	Yes	
0930	.7		32	↓	↓	22	Yes	
1315	.7		32	↓	↓	22	Yes	
0930	.7		32	↓	↓	22	Yes	
1300	.7		32	↓	7.4	22	Yes	
0920	.6		28	↓	7.5	21	Yes	
0900	.6		28	↓	↓	21	Yes	
1235	.6		28	↓	↓	21	Yes	
1200	.6		28	↓	7.4	21	Yes	
0935	.6		28	↓	↓	21	Yes	
1005	.6		28	13°	7.5	21	Yes	
1300	.6		28	↓	↓	21	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:

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