

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

System Name: CHA District Improvement Co. ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 12/2-21

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	.FF	11	11	11	11	11	11
2	11	11	11	11	11	11	11
3	11	11	11	11	11	11	11
4	11	11	.078	.FF	11	11	.078
5	11	11	.021	.FF	11	11	.021
6	11	11	.071	.FF	11	11	.071
7	11	11	11	11	11	11	11
8	11	11	.025	.FF	11	11	.025
9	11	11	11	11	11	11	11
10	11	11	11	11	11	11	11
11	11	11	11	11	11	11	11
12	11	11	11	11	11	11	11
13	11	11	11	11	11	11	11
14	11	11	11	11	11	11	11
15	11	11	.051	.FF	11	11	.051
16	11	11	11	11	11	11	11
17	11	11	.092	11	11	11	.092
18	11	11	11	11	11	11	11
19	11	11	11	11	11	11	11
20	11	11	11	11	11	11	11
21	11	11	11	11	11	11	11
22	11	11	.153	.FF	11	11	.153
23	11	11	.067	.FF	11	11	.067
24	11	11	11	11	11	11	11
25	11	11	11	11	11	11	11
26	11	11	11	11	11	11	11
27	11	11	11	11	11	11	11
28	11	11	11	11	11	11	11
29	11	11	.026	.FF	11	11	.026
30	11	11	11	11	11	11	11
31	11	11	.047	.FF	11	11	.047

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

<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.

Dec/2.21

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: CHR-District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 12/2.21

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]
09100	1.0	47	47	13°	7.6	27	Yes	50
1036	1.0		47	↓	↓	27	Yes	GPM
1045	1.0		47	↓	7.5	22	Yes	
1200	1.0		47	↓	↓	22	Yes	
10530	1.5		70	↓	7.8	29	Yes	
1156	1.5		70	12°	7.7	29	Yes	
0900	2.0		94	↓	7.8	30	Yes	
1300	2.0		94	↓	↓	30	Yes	
0800	2.0		94	↓	7.7	30	Yes	
1200	2.0		94	↓	↓	30	Yes	
1260	2.0		94	↓	7.6	30	Yes	
1600	2.0		94	↓	↓	30	Yes	
1200	2.0		94	↓	↓	30	Yes	
1040	2.0		94	11°	↓	30	Yes	
0930	1.8		84	↓	↓	30	Yes	
1045	2.0		94	↓	7.5	25	Yes	
0940	1.8		84	12°	7.7	30	Yes	
1100	2.0		94	11°	7.8	30	Yes	
1200	2.0		94	↓	7.7	30	Yes	
1200	2.0		94	↓	↓	30	Yes	
1200	2.0		94	↓	↓	30	Yes	
1235	2.0		94	↓	↓	30	Yes	
1025	2.0		94	↓	↓	30	Yes	
0900	1.8		84	↓	7.5	25	Yes	
1035	1.8		84	↓	7.5	25	Yes	
1145	1.8		84	↓	7.5	25	Yes	
1000	1.8		84	10°	7.5	25	Yes	
1230	1.8		84	↓	7.6	30	Yes	
1000	1.5		70	↓	7.5	29	Yes	
1035	1.8		84	↓	7.5	25	Yes	
1130	1.8		84	↓	7.5	25	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:

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