

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: JAN/2022
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CHC District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 01/2022

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	✓	✓	.071	•FF	✓	✓	.071
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	.054	•FF	✓	✓	.054
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	.088	•FF	✓	✓	.088
13	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	.098	•FF	✓	✓	.098
19	✓	✓	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	.081	•FF	✓	✓	.081
22	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓	✓	✓
26	✓	✓	.026	•FF	✓	✓	.026
27	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	.051	•FF	✓	✓	.051
29	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓
31	✓	✓	.029	•FF	✓	✓	.029

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: <u>TREVOR SCHWABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>2/10/2022</u>
	PHONE #: <u>(541) 992-1090</u>	CERT #: <u>T-436613</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

JAN/2022

System Name: CHR. District Improvement Co.

ID #: 4100600

WTP: -

Month/Year: 01/2022

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]
1000	1.5	47	70	10°	7.7 -	29	Yes	50
1230	1.6	47	75	9°	7.6 -	39	Yes	GPM
1235	1.6		75	6	7.7 -	39	Yes	
1200	1.6		75	6	6	39	Yes	
1150	1.6		75	10°	7.5	24	Yes	
1035	1.4		65	6	6	23	Yes	
1135	1.4		65	6	6	23	Yes	
1000	1.3		61	6	6	23	Yes	
1300	1.3		61	6	6	23	Yes	
10105	1.2		56	6	6	23	Yes	
0800	1.2		56	6	6	23	Yes	
0800	1.2		56	10°	6	23	Yes	
1025	1.2		56	6	6	23	Yes	
0935	1.2		56	6	6	23	Yes	
1435	1.0		47	6	6	22	Yes	
12155	1.2		56	6	6	23	Yes	
13155	1.1		51	6	6	23	Yes	
1200	1.5		70	6	7.6 -	29	Yes	
1145	1.5		70	6	7.5	24	Yes	
0945	1.4		65	11°	6	24	Yes	
1335	1.2		56	6	6	23	Yes	
1300	1.2		56	6	6	23	Yes	
1400	1.2		56	6	6	23	Yes	
1230	1.0		47	6	6	22	Yes	
0850	1.1		51	10°	6	23	Yes	
1000	1.0		47	11°	6	22	Yes	
1210	1.5		70	10°	7.6 -	29	Yes	
1245	1.4		65	11°	7.5	23	Yes	
0900	1.2		61	6	6	23	Yes	
1300	1.3		61	6	6	23	Yes	
1030	1.2		56	6	6	23	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:

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