

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

System Name: CHR-District Improvement Co. ID #: 4/00600 WTP-: \_\_\_\_\_ Month/Year: 02/2022

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	✓	✓	✓	✓	✓	✓
2	✓	✓	.054	.FF	✓	✓	.054
3	✓	✓	.041	.FF	✓	✓	.041
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	.039	.FF	✓	✓	.039
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	.031	.FF	✓	✓	.031
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	.031	.FF	✓	✓	.031
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	.036	.FF	✓	✓	.036
13	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	.047	.FF	✓	✓	.047
15	✓	✓	.023	.FF	✓	✓	.023
16	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	.048	.FF	✓	✓	.048
19	✓	✓	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	.039	.FF	✓	✓	.039
22	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	.032	.FF	✓	✓	.032
24	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	.031	.FF	✓	✓	.031
26	✓	✓	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓	✓	✓

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 / <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
Notes:	PRINTED NAME: <u>IRENE SCHWABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>3/3/2022</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

FEB/2022

System Name: CH2-District Improvement Co. ID #: 4100600 WTP-:          Month/Year: 02/2022

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]
0900	1.5	47	70	10°	7.5	24	Yes	50
1145	1.5		70	↓	↓	24	Yes	6 PM
1000	1.4		65	↓	↓	23	Yes	
0700	1.3		61	11°	↓	23	Yes	
1200	1.2		56	↓	↓	23	Yes	
1235	1.2		56	↓	↓	23	Yes	
1100	1.2			↓	↓	23	Yes	
0925	1.3		61	10°	↓	23	Yes	
0925	1.4		65	↓	↓	23	Yes	
1010	1.4		65	↓	↓	23	Yes	
1000	1.3		61	11°	↓	23	Yes	
1135	1.3		61	↓	↓	23	Yes	
1235	1.2		56	↓	↓	23	Yes	
1130	1.2		56	↓	↓	23	Yes	
0925	1.2		56	10°	↓	23	Yes	
1015	1.3		61	11°	↓	23	Yes	
1000	1.3		61	10°	↓	23	Yes	
1135	1.4		65	11°	↓	23	Yes	
0900	1.4		65	↓	↓	23	Yes	
1205	1.5		70	10°	↓	24	Yes	
1035	1.5		70	↓	↓	24	Yes	
0900	1.3		61	↓	↓	23	Yes	
1025	1.3		61	↓	↓	23	Yes	
1100	1.2		56	9°	↓	31	Yes	
1250	1.2		56	10°	↓	23	Yes	
0900	1.3		61	↓	↓	23	Yes	
1300	1.2		56	↓	↓	23	Yes	
1230	1.2		56	↓	↓	23	Yes	
29								
30								
31								

<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