

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

System Name: CHC-District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 07/2022

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	.025	1	.025	.025	1	1	.025
2	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1
6	1	1	.035	.035	1	1	.035
7	1	1	.042	.042	1	1	.042
8	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1
11	1	1	.027	.027	1	1	.027
12	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1
14	1	1	.027	.027	1	1	.027
15	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1
18	1	1	.029	.029	1	1	.029
19	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1
21	1	1	.055	.055	1	1	.055
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	.043	.043	1	1	.043
26	1	1	1	1	1	1	1
27	1	1	.045	.045	1	1	.045
28	1	1	.044	.044	1	1	.044
29	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1
31	1	1	.028	.028	1	1	.028

50 GPM

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)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>TREVOR SCHNABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>8/8/2022</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

July/2022

System Name: CHL District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 07/2022

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]
10000	1.0	47	47	14°	7.5	22	Yes	50
0800	1.0		47	↓	↓	22	Yes	GPM
12000	1.0		47	13°	↓	22	Yes	
1200	1.0		47	↓	↓	22	Yes	
0800	1.0		47	↓	↓	22	Yes	
1815	1.1		51	14°	↓	23	Yes	
1800	1.0		47	↓	↓	22	Yes	
0900	1.1		51	↓	↓	23	Yes	
0800	1.0		47	↓	↓	22	Yes	
1000	.9		42	↓	↓	22	Yes	
1000	.9		42	↓	↓	22	Yes	
0900	.9		42	↓	7.4	22	Yes	
0800	.9		42	↓	↓	22	Yes	
0945	.8		37	15°	7.6	18	Yes	
0800	1.2		56	↓	↓	19	Yes	
0800	1.2		56	↓	↓	19	Yes	
0800	1.0		47	↓	7.5	15	Yes	
1000	1.0		47	↓	↓	15	Yes	
0930	1.0		47	↓	↓	15	Yes	
0800	1.0		47	↓	7.4	15	Yes	
0930	.8		37	↓	↓	15	Yes	
1000	.7		32	↓	↓	15	Yes	
0945	.7		32	↓	↓	15	Yes	
1200	.7		32	↓	7.5	15	Yes	
1030	.7		32	↓	↓	15	Yes	
0935	.7		32	↓	↓	15	Yes	
0920	.6		28	↓	7.4	14	Yes	
1205	1.0		47	↓	7.6	18	Yes	
1200	1.0		47	↓	7.5	15	Yes	
0900	1.0		47	↓	↓	15	Yes	
1200	.8		37	↓	7.6	18	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