

OHA - Drinking Water Services – Turbidity Monitoring Report Form County: **Sept. 12 2022**  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: **CH2 District Improvement Co.** ID #: **4100/00** WTP:- Month/Year: **09/12/22**

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	.044	FF	1	1	.044
5	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1
8	1	1	.049	FF	1	1	.049
9	1	1	.035	FF	1	1	.035
10	1	1	1	1	1	1	1
11	1	1	.044	FF	1	1	.044
12	1	1	.035	FF	1	1	.035
13	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1
16	1	1	.037	FF	1	1	.037
17	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1
19	1	1	.043	FF	1	1	.043
20	1	1	1	1	1	1	1
21	1	1	.029	FF	1	1	.029
22	1	1	1	1	1	1	1
23	1	1	.025	FF	1	1	.025
24	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1
26	1	1	.035	FF	1	1	.035
27	1	1	1	1	1	1	1
28	1	1	1	1	1	1	1
29	1	1	.049	FF	1	1	.049
30	1	1	1	1	1	1	1
31	[Decorative wavy line]						

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes / No</b> All daily turbidity readings ≤ 5 NTU? <b>Yes / No</b>	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <b>Yes / No</b>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
Notes:	PRINTED NAME: <b>TREVOR SCHWABEL</b>	
	SIGNATURE: <i>[Signature]</i>	DATE:
	PHONE #: <b>(541) 946-4447</b>	CERT #: <b>T-436613</b>

<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

Sept./2022

System Name: CHR-District Improvement Co ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 09/2022

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]
0800	.8	47	37	16°	7.5	15	Yes	50
0900	.8		37	↓	↓	15	Yes	GPM
0940	.7		32	↓	↓	15	Yes	
1140	.8		37	↓	↓	15	Yes	
0500	1.0		47	↓	7.6	18	Yes	
0600	.9		42	↓	↓	18	Yes	
1000	.8		37	↓	7.5	15	Yes	
0800	.8		37	↓	↓	15	Yes	
1090	.9		42	↓	↓	15	Yes	
1500	1.0		47	↓	7.6	18	Yes	
1700	1.2		56	↓	7.7	19	Yes	
1125	1.5		70	↓	7.6	19	Yes	
0135	.9		42	↓	↓	15	Yes	
1340	1.0		47	↓	7.5	15	Yes	
0150	1.0		47	15°	↓	15	Yes	
1260	.9		42	16°	7.6	18	Yes	
0800	1.0		47	↓	↓	18	Yes	
1380	1.2		56	↓	↓	19	Yes	
0430	1.0		47	↓	↓	18	Yes	
0200	.8		37	15°	↓	18	Yes	
0210	.8		37	16°	7.5	15	Yes	
0230	.8		37	↓	↓	15	Yes	
1230	.8		37	15°	↓	15	Yes	
0240	.7		32	16°	↓	15	Yes	
1250	.8		37	↓	↓	15	Yes	
0260	.8		37	↓	↓	15	Yes	
0270	1.0		47	15°	7.6	18	Yes	
0280	.9		42	↓	7.5	15	Yes	
0295	.8		37	↓	7.6	18	Yes	
0300	.8		37	↓	7.5	18	Yes	
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