

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

System Name: **CHR. District Improvement Co.** ID #: **4100600** WTP-: _____ Month/Year: **12/2022**

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	1	1	1	1	1	
2	1	1	.036	.FF	1	1	.036
3	1	1	1	1	1	1	
4	1	1	1	1	1	1	
5	1	1	.045	.FF	1	1	.045
6	1	1	1	1	1	1	
7	1	1	1	1	1	1	
8	1	1	.061	.FF	1	1	.061
9	1	1	1	1	1	1	
10	1	1	1	1	1	1	
11	1	1	1	1	1	1	
12	1	1	.044	.FF	1	1	.044
13	1	1	1	1	1	1	
14	1	1	1	1	1	1	
15	1	1	1	1	1	1	
16	1	1	.029	.FF	1	1	.029
17	1	1	1	1	1	1	
18	1	1	1	1	1	1	
19	1	1	.033	.FF	1	1	.033
20	1	1	1	1	1	1	
21	1	1	.029	.FF	1	1	.029
22	1	1	1	1	1	1	
23	1	1	1	1	1	1	
24	1	1	1	1	1	1	
25	1	1	1	1	1	1	
26	1	1	1	1	1	1	
27	1	1	1	1	1	1	
28	1	1	.061	.FF	1	1	.061
29	1	1	1	1	1	1	
30	1	1	1	1	1	1	
31	1	1	1	1	1	1	

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: TREVOR SCHWABER	
	SIGNATURE: <i>[Signature]</i>	DATE: 1/10/2023
	PHONE #: (541) 996-4443	CERT #: T-43661

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

Dec/2022

System Name: Car-District Improved Co.

ID #: 4100600 WTP-:

Month/Year: 12/2022

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]
0945	1.1	47	51	11°	7.6 -	28	Yes	50
1020	1.0		47	↓	↓ -	27	Yes	GPM
1030	1.2		56	↓	↓ -	28	Yes	
1206	1.1		51	↓	↓ -	28	Yes	
1216	1.0		47	↓	↓ -	27	Yes	
1095	1.3		61	↓	↓ -	28	Yes	
0930	1.2		56	↓	7.5	23	Yes	
0930	1.0		47	↓	↓	22	Yes	
0930	1.2		56	↓	↓	23	Yes	
0900	1.0		47	↓	↓	22	Yes	
0900	1.0		47	↓	↓	22	Yes	
1025	1.0		47	↓	↓	22	Yes	
0900	1.2		56	↓	7.7 -	28	Yes	
0900	1.2		56	↓	↓ -	28	Yes	
0900	1.2		56	↓	↓ -	28	Yes	
0806	1.2		56	↓	↓ -	28	Yes	
1000	1.2		56	↓	↓ -	28	Yes	
1200	1.2		56	↓	7.6 -	28	Yes	
0906	1.1		51	↓	↓ -	28	Yes	
0945	1.4		65	↓	7.8 -	28	Yes	
0906	1.2		56	10°	7.6 -	28	Yes	
0926	1.2		56	↓	7.5	23	Yes	
0800	1.2		56	↓	↓	23	Yes	
0900	1.2		56	↓	7.6 -	28	Yes	
0830	1.1		51	↓	↓ -	28	Yes	
0930	1.0		47	↓	↓ -	27	Yes	
1100	1.0		47	↓	7.5	22	Yes	
0906	1.0		47	↓	↓	22	Yes	
0996	.9		42	↓	7.6 -	27	Yes	
1000	.9		42	↓	↓ -	27	Yes	
0845	.9		42	↓	↓ -	27	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