

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: **JAN/2023**  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: **CHL District Improvement Co.** ID #: **4100600** WTP-: \_\_\_\_\_ Month/Year: **01/2023**

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	✓	.045	.FF	✓	✓	.045
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	.072	.FF	✓	✓	.072
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	.096	.FF	✓	✓	.096
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	.055	.FF	✓	✓	.055
13	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	.063	.FF	✓	✓	.063
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓	✓	✓
20	✓	✓	.067	.FF	✓	✓	.067
21	✓	✓	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	.056	.FF	✓	✓	.056
24	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	.031	.FF	✓	✓	.031
26	✓	✓	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓	✓	✓
29	✓	✓	.067	.FF	✓	✓	.067
30	✓	✓	.058	.FF	✓	✓	.058
31	✓	✓	✓	✓	✓	✓	✓

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <b>TREVOR SCHNABER</b>	
	SIGNATURE: <i>[Signature]</i>	DATE: <b>2/9/2023</b>
	PHONE #: <b>(54) 1996-4444</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

JAN/2023

System Name: CHR District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 01/2023

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]
1100	.8	47	37	10°	7.5	22	Yes	50
1125	1.5		70	↓	7.6	29	Yes	GPM
1030	1.5		70	↓	7.7	29	Yes	
0940	1.5		70	↓	↓	29	Yes	
1030	1.5		70	11°	↓	29	Yes	
0900	1.5		70	↓	↓	29	Yes	
0930	1.5		70	10°	7.6	29	Yes	
1280	1.5		70	11°	↓	29	Yes	
0900	1.5		70	↓	↓	29	Yes	
0830	1.5		70	↓	↓	29	Yes	
1000	1.0		47	↓	7.7	27	Yes	
0830	1.0		47	↓	7.6	27	Yes	
0910	1.0		47	↓	↓	27	Yes	
1000	1.0		47	↓	↓	27	Yes	
1200	.8		37	↓	7.7	26	Yes	
0930	.8		37	↓	7.8	26	Yes	
1000	.8		37	↓	↓	26	Yes	
0930	1.3		61	↓	7.6	28	Yes	
1030	1.1		51	↓	7.7	28	Yes	
0900	1.4		65	↓	↓	28	Yes	
1020	1.3		61	↓	↓	28	Yes	
1020	1.3		61	↓	↓	28	Yes	
0830	1.4		65	↓	↓	28	Yes	
1020	1.4		65	10°	7.8	28	Yes	
0850	1.4		65	11°	7.6	28	Yes	
1300	1.5		70	10°	7.8	29	Yes	
1200	1.4		65	↓	↓	28	Yes	
1200	1.2			11°	7.6	28	Yes	
0930	1.2			10°	7.5	23	Yes	
1235	1.0		47	11°	7.6	27	Yes	
1000	1.0		47	↓	7.6	27	Yes	

<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