

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

System Name: **CHL District Improvement Cen** ID #: **4100600** WTP-: _____ Month/Year: **03/2023**

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	1	1	1	1	
3	1	1	1	1	1	1	
4	1	1	1	1	1	1	
5	1	1	.037	.FF	1	1	.037
6	1	1	1	1	1	1	
7	1	1	1	1	1	1	
8	1	1	.058	.FF	1	1	.058
9	1	1	1	1	1	1	
10	1	1	.046	.FF	1	1	.046
11	1	1	1	1	1	1	
12	1	1	1	1	1	1	
13	1	1	.078	.FF	1	1	.078
14	1	1	1	1	1	1	
15	1	1	1	1	1	1	
16	1	1	1	1	1	1	
17	1	1	1	1	1	1	
18	1	1	.055	.FF	1	1	.055
19	1	1	1	1	1	1	
20	1	1	.049	.FF	1	1	.049
21	1	1	1	1	1	1	
22	1	1	1	1	1	1	
23	1	1	.071	.FF	1	1	.071
24	1	1	1	1	1	1	
25	1	1	1	1	1	1	
26	1	1	1	1	1	1	
27	1	1	.078	.FF	1	1	.078
28	1	1	1	1	1	1	
29	1	1	1	1	1	1	
30	1	1	.062	.FF	1	1	.062
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 / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME:	
	SIGNATURE:	DATE:
	PHONE #: ()	CERT #:

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

MARCH/2.23

System Name: CHL-District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 03/2.23

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]
10100	1.4	47.	65	90	7.7	28	Yes	50
1020	1.4		65	↓	↓	28	Yes	GPM
0930	1.5		70	↓	7.8	29	Yes	
1030	1.5		70	↓	↓	29	Yes	
1100	1.5		70	↓	7.6	29	Yes	
1050	1.5		70	↓	↓	29	Yes	
0900	1.6		75	↓	7.7	29	Yes	
0850	1.5		70	↓	↓	29	Yes	
1295	1.7		79	↓	7.6	29	Yes	
1015	1.5		70	100	7.7	29	Yes	
0910	1.6		75	↓	7.6	29	Yes	
1000	1.5		70	↓	7.8	29	Yes	
0830	1.5		70	↓	↓	29	Yes	
1040	1.2		56	90	7.5	31	Yes	
1350	1.1		51	↓	7.5	31	Yes	
1300	1.1		51	↓	7.5	31	Yes	
1260	1.2		56	↓	↓	31	Yes	
1000	1.1		51	100	7.6	28	Yes	
1200	1.2		56	↓	↓	28	Yes	
0900	1.1		51	↓	↓	28	Yes	
0900	.8		37	↓	↓	26	Yes	
1000	.8		37	↓	7.5	22	Yes	
1000	.8		37	↓	7.6	26	Yes	
1200	.8		37	↓	7.5	22	Yes	
0800	.8		37	↓	↓	22	Yes	
1200	.8		37	↓	↓	22	Yes	
0900	.8		37	↓	↓	22	Yes	
0900	.8		37	↓	7.7	26	Yes	
1000	.8		37	↓	↓	26	Yes	
1000	.8		37	↓	7.6	26	Yes	
1200	.8		37	↓	7.5	22	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