

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

System Name: **CHR-District Improvement Co.** ID #: **4100600** WTP-: \_\_\_\_\_ Month/Year: **06/2023**

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	1	1	1	1	1	
2	1	1	1	1	1	1	
3	1	1	1	1	1	1	
4	1	1	.042	•FF	1	1	.042
5	1	1	1	1	1	1	
6	1	1	1	1	1	1	
7	1	1	1	1	1	1	
8	1	1	.033	•FF	1	1	.033
9	1	1	1	1	1	1	
10	1	1	1	1	1	1	
11	1	1	.044	•FF	1	1	.044
12	1	1	1	1	1	1	
13	1	1	1	1	1	1	
14	1	1	1	1	1	1	
15	1	1	.035	•FF	1	1	.035
16	1	1	1	1	1	1	
17	1	1	1	1	1	1	
18	1	1	1	1	1	1	
19	1	1	.046	•FF	1	1	.046
20	1	1	1	1	1	1	
21	1	1	1	1	1	1	
22	1	1	1	1	1	1	
23	1	1	.048	•FF	1	1	.048
24	1	1	.046	•FF	1	1	.046
25	1	1	1	1	1	1	
26	1	1	1	1	1	1	
27	1	1	1	1	1	1	
28	1	1	1	1	1	1	
29	1	1	.049	•FF	1	1	.049
30	1	1	1	1	1	1	

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: <b>TREVOR SCHNABEL</b>	
	SIGNATURE: <b>Trevor</b>	DATE: <b>7/7/2023</b>
	PHONE #: <b>(541) 996-4443</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

JUNE/2023

System Name: CHL District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 06/2023

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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1000	1.1	47	51	13°	7.5	23	Yes	50
1035	1.1		51	↓	↓	23	Yes	60 PM
0900	1.1		51	↓	↓	23	Yes	
1200	1.0		47	↓	↓	22	Yes	
0900	.9		42	↓	7.6	27	Yes	
1000	1.0		47	↓	↓	27	Yes	
1000	1.0		47	↓	7.7	27	Yes	
1030	.9		42	↓	7.6	27	Yes	
0940	.8		37	13°	7.4	22	Yes	
0900	.8		37	14°	7.5	22	Yes	
1200	.8		37	13°	↓	22	Yes	
1000	.9		42	↓	↓	22	Yes	
0800	.9		42	14°	↓	22	Yes	
1000	1.2		56	13°	7.6	28	Yes	
1000	1.1		51	↓	↓	28	Yes	
1150	.9		42	14°	↓	27	Yes	
0900	1.0		47	↓	↓	27	Yes	
1200	1.2		56	13°	↓	28	Yes	
1200	1.2		56	↓	↓	28	Yes	
0800	.9		42	14°	7.7	27	Yes	
0900	1.0		47	↓	7.8	27	Yes	
1000	.9		42	↓	7.6	27	Yes	
1000	.9		42	↓	7.5	22	Yes	
1000	.9		42	↓	↓	22	Yes	
0800	1.2		56	↓	7.6	28	Yes	
1200	1.0		47	↓	7.5	22	Yes	
1045	.8		37	15°	7.0	18	Yes	
0900	.8		37	↓	↓	18	Yes	
1230	.7		32	14°	7.5	22	Yes	
0900	1.1		51	↓	7.6	28	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