

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

System Name: CH2M-Hill District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 07/2022

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	.01	1	1	1	1	1	
2	1	1	.046	.01	1	1	.046
3	1	1	1	1	1	1	
4	1	1	1	1	1	1	
5	1	1	.031	.01	1	1	.031
6	1	1	1	1	1	1	
7	1	1	.037	.01	1	1	.037
8	1	1	1	1	1	1	
9	1	1	.039	.01	1	1	.039
10	1	1	1	1	1	1	
11	1	1	1	1	1	1	
12	1	1	1	1	1	1	
13	1	1	.049	.01	1	1	.049
14	1	1	1	1	1	1	
15	1	1	1	1	1	1	
16	1	1	1	1	1	1	
17	1	1	.047	.01	1	1	.047
18	1	1	1	1	1	1	
19	1	1	1	1	1	1	
20	1	1	.044	.01	1	1	.044
21	1	1	.025	.01	1	1	.025
22	1	1	1	1	1	1	
23	1	1	.031	.01	1	1	.031
24	1	1	1	1	1	1	
25	1	1	1	1	1	1	
26	1	1	.033	.01	1	1	.033
27	1	1	1	1	1	1	
28	1	1	1	1	1	1	
29	1	1	.027	.01	1	1	.027
30	1	1	1	1	1	1	
31	1	1	.025	.01	1	1	.025

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: <u>TREVOR SCHNADEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>8/10/2022</u>
	PHONE #: <u>(541) 996-4443</u>	CERT #: <u>T-436613</u>

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

July/2023

System Name: CH2-District Improvement Co.

ID #: 4100600 WTP:

Month/Year: 07/2023

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]
0900	1.0	47	47	14°	7.6	27	Yes	50 GPM
1200	1.0		47	↓	↓	27	Yes	
0900	.9		42	↓	↓	27	Yes	
1000	.9		42	↓	↓	27	Yes	
0930	.9		42	↓	↓	27	Yes	
1100	1.1		51	↓	↓	28	Yes	
1130	1.1		51	↓	↓	28	Yes	
1000	1.1		51	15°	7.6	19	Yes	
1030	1.1		51	↓	↓	19	Yes	
0900	1.0		47	↓	↓	18	Yes	
0900	1.0		47	↓	7.5	15	Yes	
1030	.9		42	↓	↓	15	Yes	
1135	.8		37	↓	↓	15	Yes	
1000	.8		37	↓	↓	15	Yes	
0900	.8		37	↓	↓	15	Yes	
0800	.8		37	↓	↓	15	Yes	
0930	.8		37	↓	↓	15	Yes	
1000	.9		42	↓	7.6	18	Yes	
1030	.9		42	↓	↓	18	Yes	
0930	1.0		47	↓	↓	18	Yes	
1040	1.1		51	↓	↓	19	Yes	
0920	1.2		56	↓	↓	19	Yes	
1000	1.2		56	↓	↓	19	Yes	
1000	1.0		47	↓	7.5	15	Yes	
0854.5	1.1		51	↓	7.6	19	Yes	
1030	1.0		47	↓	↓	18	Yes	
1000	1.0		47	↓	↓	18	Yes	
0800	1.0		47	↓	↓	18	Yes	
0900	1.0		47	↓	↓	18	Yes	
1200	1.0		47	16°	↓	18	Yes	
1030	1.0		47	↓	↓	18	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