

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: *Sept/2021*
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: *CHR - District Improvement Co.* ID #: *4100600* WTP-: Month/Year: *9/2021*

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	<i>FF</i>	<i>1</i>	<i>.043</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.043</i>
2	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
3	<i>1</i>	<i>1</i>	<i>.029</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.029</i>
4	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
5	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
6	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
7	<i>1</i>	<i>1</i>	<i>.209</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.209</i>
8	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
9	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
10	<i>1</i>	<i>1</i>	<i>.016</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.016</i>
11	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
12	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
13	<i>1</i>	<i>1</i>	<i>.015</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.015</i>
14	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
15	<i>1</i>	<i>1</i>	<i>.017</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.017</i>
16	<i>1</i>	<i>1</i>	<i>.013</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.013</i>
17	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
18	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
19	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
20	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
21	<i>1</i>	<i>1</i>	<i>.018</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.018</i>
22	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
23	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
24	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
25	<i>1</i>	<i>1</i>	<i>.124</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.124</i>
26	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
27	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
28	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
29	<i>1</i>	<i>1</i>	<i>.092</i>	<i>FF</i>	<i>1</i>	<i>1</i>	<i>.092</i>
30	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>

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: <i>TREVOR SCHMIDT</i>	
	SIGNATURE: <i>T. Schmidt</i>	DATE: <i>10/8/2021</i>
	PHONE #: <i>(541) 992-1090</i>	CERT #: <i>T-436613</i>

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.

Sept/2021

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: CH2 District Improvement Co. ID #: 4100600 WTP-: _____ Month/Year: 9/2021

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]
09130	.7	47	32	15°	7.5	14	Yes	50
0935	.6		28	↓	↓	14	Yes	60
1100	.7		32	↓	↓	14	Yes	
1006	.7		32	↓	↓	14	Yes	
1030	.6		28	↓	↓	14	Yes	
0900	.7		32	↓	↓	14	Yes	
0920	.6		28	↓	↓	14	Yes	
0896	.9		42	↓	7.6 -	18	Yes	
0925	1.0		47	↓	7.7 -	18	Yes	
0946	1.0		47	↓	7.8 -	18	Yes	
1000	1.0		47	↓	7.6 -	18	Yes	
13120	1.2		56	↓	7.7 -	19	Yes	
1230	1.2		56	↓	7.6 -	19	Yes	
1434	1.2		56	↓	↓ -	19	Yes	
1015	1.0		47	↓	7.7 -	18	Yes	
1215	.9		42	↓	7.8 -	18	Yes	
1036	.9		42	↓	7.6 -	18	Yes	
1038	.9		42	↓	↓ -	18	Yes	
1200	.9		42	↓	↓ -	18	Yes	
1206	.9		42	↓	↓ -	18	Yes	
0916	1.0		47	↓	↓ -	18	Yes	
1022	.8		37	↓	7.5	15	Yes	
1036	.8		37	↓	7.6 -	18	Yes	
1030	.8		37	↓	7.5	15	Yes	
1225	.9		42	↓	↓	15	Yes	
1200	1.2		56	↓	7.8 -	19	Yes	
1206	1.0		47	↓	7.5	15	Yes	
1000	1.0		47	↓	7.6 -	18	Yes	
1200	1.0		47	↓	7.5	15	Yes	
1305	1.2		56	↓	7.7 -	19	Yes	
C300								

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