

OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Nov/2.21  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CHL District Improvement Co. ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 11/2.21

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	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	.089	•FF	✓	✓	.089
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	.16
8	✓	✓	.123	•FF	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	.033
10	✓	✓	.033	•FF	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	.025	•FF	✓	✓	.025
18	✓	✓	.025	•FF	✓	✓	.025
19	✓	✓	.116	•FF	✓	✓	.116
20	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓	✓	✓
24	✓	✓	.061	•FF	✓	✓	.061
25	✓	✓	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓	✓	✓

Slow Sand/Membrane/DE Filtration/Unfiltered <b>Monthly Summary</b> 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	<b>Monthly Summary (Answer Yes or No)</b>	
	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
<b>Notes:</b>	PRINTED NAME: <u>TREVOR SCHWASEC</u>	
	SIGNATURE: <u>Trevor Schwasec</u>	DATE: <u>11/10/2.21</u>
	PHONE #: <u>(541) 1992-1090</u>	CERT #: <u>T-436613</u>

<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

8/10/21

System Name: CHR-District Improvement Co ID #: 410060 WTP-: \_\_\_\_\_ Month/Year: 1/2-21

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]
10145	.8	47	37	14°	7.5	22	Yes	50
10200	.9		42	↓	↓	22	Yes	GPM
10300	.7		32	↓	7.4	21	Yes	
0930	1.5		70	13°	7.7	29	Yes	
10525	1.4		65	↓	↓	29	Yes	
0930	1.3		61	↓	7.6	28	Yes	
0830	1.0		47	↓	↓	27	Yes	
1030	1.0		47	↓	7.7	27	Yes	
0910	.9		42	↓	7.5	22	Yes	
1000	1.5		70	↓	7.5	24	Yes	
0910	1.5		70	↓	7.7	29	Yes	
1135	1.4		65	↓	7.6	28	Yes	
0945	1.2		56	↓	↓	28	Yes	
0835	1.2		56	↓	↓	28	Yes	
0930	1.2		56	↓	↓	28	Yes	
0940	1.0		47	↓	7.5	22	Yes	
1030	1.0		47	↓	↓	22	Yes	
0830	1.0		47	↓	↓	22	Yes	
0900	1.5		70	↓	7.7	29	Yes	
0900	2.0		94	↓	↓	30	Yes	
1300	2.0		94	↓	↓	30	Yes	
0935	2.0		94	12°	↓	30	Yes	
0945	2.0		94	↓	7.6	30	Yes	
0930	1.8		84	↓	↓	30	Yes	
0935	1.5		70	↓	↓	29	Yes	
1030	1.5		70	↓	↓	29	Yes	
1030	1.2		56	13°	↓	28	Yes	
1200	1.2		56	↓	7.7	28	Yes	
1030	1.2		56	↓	7.6	28	Yes	
0800	1.2		56	↓	↓	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