

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

System Name: **CH2-District Improvement Co.** ID #: **4100600** WTP-: _____ Month/Year: **03/2022**

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	off	1	1	1	1	1	1
2	1	1	1	1	1	1	1
3	1	1	.052	off	1	1	.052
4	1	1	.109	off	1	1	.109
5	1	1	1	1	1	1	1
6	1	1	.071	off	1	1	.071
7	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1
11	1	1	.082	off	1	1	.082
12	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1
14	1	1	.045	off	1	1	.045
15	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1
17	1	1	.045	off	1	1	.045
18	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1
22	1	1	.057	off	1	1	.057
23	1	1	.045	off	1	1	.045
24	1	1	.037	off	1	1	.037
25	1	1	.033	off	1	1	.033
26	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1
28	1	1	.038	off	1	1	.038
29	1	1	1	1	1	1	1
30	1	1	.029	off	1	1	.029
31	1	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 / <input checked="" type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Notes:	PRINTED NAME: TREVOR SCHNABEL	
	SIGNATURE: <i>Trevor Schnabel</i>	DATE: 4/6/2022
	PHONE #: (541) 992-1090	CERT #: T-436613

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/2022

System Name: CHR-District Improvement ID #: 4100600 WTP: _____ Month/Year: 03/2022

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]	CXT	[° C]		Use tables	Yes / No	[GPM]
0800	1.2	56	47	10°	7.5	23	Yes	50
1315	1.3	61		↓	↓	23	Yes	50
1030	1.1	51		↓	↓	23	Yes	
1130	1.2	56		↓	↓	23	Yes	
1530	1.3	61		↓	↓	23	Yes	
1235	1.3	61		↓	↓	23	Yes	
1040	1.2	56		↓	↓	23	Yes	
1000	1.2	56		↓	↓	23	Yes	
0935	1.1	51		↓	↓	23	Yes	
0905	1.2	56		↓	↓	23	Yes	
0835	1.0	47		↓	7.7	27	Yes	
0920	1.0	47		↓	7.6	27	Yes	
1035	1.0	47		↓	7.6	27	Yes	
1045	1.2	56		↓	7.5	23	Yes	
0900	1.2	56		11°	7.5	23	Yes	
1055	1.1	51		↓	7.5	23	Yes	
09710	1.3	61		10°	↓	23	Yes	
1080	1.4	65		↓	↓	23	Yes	
0996	1.3	61		↓	↓	23	Yes	
1205	1.0	47		11°	↓	22	Yes	
1230	1.3	61		10°	↓	23	Yes	
0920	1.5	70		↓	7.4	25	Yes	
0935	1.4	65		↓	↓	23	Yes	
0945	.9	42		↓	7.6	27	Yes	
0845	.9	42		↓	7.4	22	Yes	
0900	1.0	47		11°	7.5	22	Yes	
11201	1.0	47		↓	↓	22	Yes	
1200	1.0	47		↓	↓	22	Yes	
1035	1.0	47		↓	↓	22	Yes	
0905	.9	42		↓	↓	22	Yes	
0800	1.4	65		↓	7.6	28	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