

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

System Name: **CHR-District Improvement Co.** ID #: **4100600** WTP-: Month/Year: **05/2022**

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	•FF	1	1	1	1	1	/
2	1	1	.125	•FF	1	1	.125
3	1	1	1	1	1	1	/
4	1	1	1	1	1	1	/
5	1	1	1	1	1	1	/
6	1	1	.159	•FF	1	1	.159
7	1	1	1	1	1	1	/
8	1	1	1	1	1	1	/
9	1	1	.096	•FF	1	1	.096
10	1	1	1	1	1	1	/
11	1	1	.048	•FF	1	1	.048
12	1	1	1	1	1	1	/
13	1	1	1	1	1	1	/
14	1	1	1	1	1	1	/
15	1	1	1	1	1	1	/
16	1	1	.051	•FF	1	1	.051
17	1	1	1	1	1	1	/
18	1	1	.033	•FF	1	1	.033
19	1	1	1	1	1	1	/
20	1	1	.029	•FF	1	1	.029
21	1	1	1	1	1	1	/
22	1	1	1	1	1	1	/
23	1	1	.039	•FF	1	1	.039
24	1	1	1	1	1	1	/
25	1	1	.075	•FF	1	1	.075
26	1	1	1	1	1	1	/
27	1	1	.068	•FF	1	1	.068
28	1	1	1	1	1	1	/
29	1	1	1	1	1	1	/
30	1	1	.048	•FF	1	1	.048
31	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="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: TREVOR SCHWABER	
	SIGNATURE: <i>Trevor Schwaber</i>	DATE: 6/02/2022
	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

MAY/2022

System Name: CHR-District Improvement Co.

ID #: 4100600 WTP-:

Month/Year: 05/2022

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
12100	1.4	47	65	11°	7.5	23	Yes	50
1030	1.6		75	↓	7.6	29	Yes	GPM
1030	1.8		84	↓	↓	30	Yes	
0930	1.8		84	↓	↓	30	Yes	
1000	1.6		75	↓	↓	29	Yes	
1000	1.5		70	↓	7.5	24	Yes	
1100	1.6		75	↓	7.6	29	Yes	
1230	1.5		70	↓	7.5	24	Yes	
0930	1.2			↓	↓	23	Yes	
1000/	1.6		75	↓	7.6	29	Yes	
1055	1.4		65	↓	7.4	23	Yes	
0900	1.3		61	↓	7.5	23	Yes	
1050	1.3		61	↓	↓	23	Yes	
0800	1.3		61	↓	↓	23	Yes	
1200	1.2		56	↓	↓	23	Yes	
1235	1.2		56	↓	7.6	28	Yes	
0900	1.0		47	12°	7.5	22	Yes	
1120	1.0		47	↓	↓	22	Yes	
0800	1.0		47	↓	7.6	27	Yes	
1000	1.0		47	↓	↓	27	Yes	
0800	1.0		47	↓	↓	27	Yes	
1200	1.0		47	↓	↓	27	Yes	
1000	.9		42	↓	↓	27	Yes	
1025	1.0		47	11°	↓	27	Yes	
1050	1.0		47	12°	↓	27	Yes	
0900	.9		42	↓	7.5	22	Yes	
1015	.9		42	↓	↓	22	Yes	
0900	1.0		47	↓	7.6	27	Yes	
1200	1.2		56	↓	7.5	23	Yes	
1200	1.2		56	↓	7.6	28	Yes	
0800	1.2		56	↓	↓	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:

dlw.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350