

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

System Name: CHR-District Improvement Co. ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 06/2022

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	1	.033	.FF	1	1	.033
2	1	1	1	1	1	1	1
3	1	1	.046	.FF	1	1	.046
4	1	1	1	1	1	1	1
5	1	1	.078	.FF	1	1	.078
6	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1
8	1	1	.071	.FF	1	1	.071
9	1	1	1	1	1	1	1
10	1	1	.054	.FF	1	1	.054
11	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1
13	1	1	.088	.FF	1	1	.088
14	1	1	1	1	1	1	1
15	1	1	.052	.FF	1	1	.052
16	1	1	1	1	1	1	1
17	1	1	.086	.FF	1	1	.086
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	.023	.FF	1	1	.023
23	1	1	.071	.FF	1	1	.071
24	1	1	.033	.FF	1	1	.033
25	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1
27	1	1	.029	.FF	1	1	.029
28	1	1	1	1	1	1	1
29	1	1	.029	.FF	1	1	.029
30	1	1	1	1	1	1	1

50 GPM



Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
	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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>TREVOR SCHWABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>7/7/22</u>
	PHONE #: <u>(541) 992-1090</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

June/2022

System Name: CHR-District Improvement Co.

ID #: 4100600 WTP:-

Month/Year: 06/2022

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]
1200	.8	47	37	12°	7.6	26	Yes	50
1000	.8		37	↓	↓	26	Yes	GPM
0945	.9		42	↓	7.7	27	Yes	
0900	1.0		47	↓	7.6	27	Yes	
10530	1.2		56	↓	7.5	23	Yes	
0915	.8		37	↓	↓	22	Yes	
0900	.7		32	13°	↓	22	Yes	
1000	.7		32	↓	↓	22	Yes	
1000	.7		32	↓	↓	22	Yes	
10100	.7		32	12°	↓	22	Yes	
0800	.7		32	↓	↓	22	Yes	
12010	.7		32	↓	↓	22	Yes	
1030	.7		32	13°	↓	22	Yes	
1000	.7		32	↓	↓	22	Yes	
0930	.7		32	↓	↓	22	Yes	
1000	.8		37	↓	7.6	26	Yes	
1045	.8		37	↓	7.5	22	Yes	
0800	.8		37	↓	↓	22	Yes	
1000	1.2		56	13°	7.6	28	Yes	
1300	.7		32	↓	7.5	22	Yes	
0800	.8		37	↓	↓	22	Yes	
0925	.8		37	↓	↓	22	Yes	
1200	1.0		47	↓	7.6	27	Yes	
1200	1.1		51	↓	7.5	23	Yes	
1250	1.2		56	↓	↓	23	Yes	
1400	1.1		51	↓	↓	23	Yes	
1200	1.0		47	↓	↓	22	Yes	
1000	.9		42	↓	↓	22	Yes	
1090	.8		37	↓	↓	22	Yes	
1000	1.0		47	14°	↓	22	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