

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

System Name: CHR - District Improvements ID #: 410600 WTP-: \_\_\_\_\_ Month/Year: 08/2022

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	1	1	1	1	1
2	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1
4	1	1	.047	.FF	1	1	.047
5	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1
9	1	1	.041	.FF	1	1	.041
10	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1
12	1	1	.042	.FF	1	1	.042
13	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1
16	1	1	.030	.FF	1	1	.030
17	1	1	1	1	1	1	1
18	1	1	.025	.FF	1	1	.025
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	.029	.FF	1	1	.029
23	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1
25	1	1	.025	.FF	1	1	.025
26	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1
28	1	1	.031	.FF	1	1	.031
29	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1
31	1	1	.032	.FF	1	1	.032

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: <u>TREVOR SCHNABEL</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>9/9/2022</u>
	PHONE #: <u>(541) 992-1090</u>	CERT #: <u>T-45661</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

Aug/2022

System Name: Clallam District Improvement Co.

ID #: 4100600 WTP: \_\_\_\_\_

Month/Year: 08/2022

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]
0900	1.5	47	70	15°	7.6	19	Yes	50
1300	2.0		94	↓	7.2	20	Yes	GPM
0915	1.8		84	↓	7.6	20	Yes	
1440	1.8		84	↓	↓	20	Yes	
0900	1.5		70	↓	7.5	16	Yes	
0830	1.5		70	↓	↓	16	Yes	
1700	1.2		56	↓	7.4	15	Yes	
1000	1.2		56	↓	7.5	15	Yes	
0910	1.0		47	↓	↓	15	Yes	
0900	1.0		47	↓	↓	15	Yes	
0940	1.0		47	↓	↓	15	Yes	
1206	1.0		47	↓	↓	15	Yes	
0830	1.2		56	↓	↓	15	Yes	
1100	1.2		56	↓	↓	15	Yes	
1310	1.1		51	↓	↓	15	Yes	
0950	1.1		51	16°	7.6	19	Yes	
0800	1.2		56	15°	↓	19	Yes	
1125	1.2		56	↓	↓	19	Yes	
0800	1.1		51	↓	↓	19	Yes	
0800	1.0		47	↓	7.5	15	Yes	
1200	.9		42	↓	↓	15	Yes	
1200	.8		37	16°	↓	15	Yes	
1235	1.5		70	15°	7.6	19	Yes	
1200	1.3		61	↓	↓	19	Yes	
1250	1.1		51	↓	↓	19	Yes	
1250	1.3		61	↓	↓	19	Yes	
0940	1.1		51	↓	7.5	15	Yes	
1200	1.2		56	↓	↓	15	Yes	
1200	1.3		61	↓	7.6	19	Yes	
0940	.8		37	16°	7.5	15	Yes	
1200	.8		37	↓	↓	15	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