

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: **Oct/2/22**  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: **CHC - District Improvement Co** ID #: **4106600** WTP-: \_\_\_\_\_ Month/Year: **10/2/22**

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	
2	1	1	1	1	1	1	
3	1	1	.055	FF	1	1	.055
4	1	1	1	1	1	1	
5	1	1	1	1	1	1	
6	1	1	.064	FF	1	1	.064
7	1	1	1	1	1	1	
8	1	1	1	1	1	1	
9	1	1	1	1	1	1	
10	1	1	.053	FF	1	1	.053
11	1	1	1	1	1	1	
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	.065	FF	1	1	.065
17	1	1	.059	FF	1	1	.059
18	1	1	1	1	1	1	
19	1	1	.038	FF	1	1	.038
20	1	1	1	1	1	1	
21	1	1	.032	FF	1	1	.032
22	1	1	1	1	1	1	
23	1	1	1	1	1	1	
24	1	1	1	1	1	1	
25	1	1	1	1	1	1	
26	1	1	.045	FF	1	1	.045
27	1	1	1	1	1	1	
28	1	1	1	1	1	1	
29	1	1	1	1	1	1	
30	1	1	1	1	1	1	
31	1	1	1	1	1	1	

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>	PRINTED NAME: <b>TREWA SCHWABEL</b>	
	SIGNATURE: <i>[Signature]</i>	DATE: <b>11/3/22</b>
	PHONE #: <b>(541) 996-4443</b>	CERT #: <b>T-436613</b>

<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

OCT/2022

System Name: CH2-District Improvement Co. ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 10/2022

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]
0910	.8	47	37	15°	7.5	15	Yes	50
1230	.8		37	↓	↓	15	Yes	GPM
0930	.8		37	↓	↓	15	Yes	
1245	1.0		47	↓	↓	15	Yes	
0510	1.0		47	↓	↓	15	Yes	
0610	1.2		56	↓	7.6	18	Yes	
0710	1.0		47	↓	↓	18	Yes	
1230	1.0		47	↓	7.5	15	Yes	
12910	1.0		47	↓	↓	15	Yes	
0945	.9		42	↓	↓	15	Yes	
1015	1.0		47	↓	↓	15	Yes	
1145	.8		37	↓	↓	15	Yes	
0930	.8		37	↓	7.6	18	Yes	
1200	.8		37	↓	↓	18	Yes	
1250	.8		37	↓	↓	18	Yes	
1160	.7		32	↓	7.4	15	Yes	
0930	1.2		56	↓	7.6	19	Yes	
10180	.8		37	↓	7.5	15	Yes	
0996	.8		37	↓	7.5	15	Yes	
0930	.9		42	↓	7.6	18	Yes	
0910	.9		42	↓	↓	18	Yes	
0220	.8		37	↓	7.5	15	Yes	
1230	.7		32	↓	↓	15	Yes	
0240	.7		32	↓	↓	15	Yes	
1250	.6		28	↓	↓	14	Yes	
1265	.6		28	↓	7.4	14	Yes	
0270	.6		28	↓	↓	14	Yes	
1280	.6		28	14°	↓	21	Yes	
02910	.7		32	↓	↓	22	Yes	
1200	.6		28	15°	↓	14	Yes	
03100	.6		28	↓	↓	14	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