

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

System Name: **CHR-District Improvement Co** ID #: **4100600** WTP-: _____ Month/Year: **11/2022**

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	1	
2	1	1	1	1	1	1	1	
3	1	1	.074	.FF	1	1	.074	
4	1	1	1	1	1	1	1	
5	1	1	1	1	1	1	1	
6	1	1	1	1	1	1	1	
7	1	1	.055	.FF	1	1	.055	
8	1	1	1	1	1	1	1	
9	1	1	1	1	1	1	1	
10	1	1	.034	.FF	1	1	.034	
11	1	1	1	1	1	1	1	
12	1	1	1	1	1	1	1	
13	1	1	1	1	1	1	1	
14	1	1	.031	.FF	1	1	.031	
15	1	1	1	1	1	1	1	
16	1	1	1	1	1	1	1	
17	1	1	.036	.FF	1	1	.036	
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	.051	.FF	1	1	.051	
22	1	1	1	1	1	1	1	
23	1	1	1	1	1	1	1	
24	1	1	.032	.FF	1	1	.032	
25	1	1	1	1	1	1	1	
26	1	1	1	1	1	1	1	
27	1	1	1	1	1	1	1	
28	1	1	.049	.FF	1	1	.049	
29	1	1	1	1	1	1	1	
30	1	1	1	1	1	1	1	
31	1 1 1 1 1 1 1							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary		Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
Notes:	PRINTED NAME: TREVOR SCHWABEL		DATE: 12/2/2022	
	SIGNATURE: <i>Tm SA</i>		CERT #: T-436613	
	PHONE #: (541) 996-4443			

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

Nov/2/22

System Name: CHR-District Improvement Co. ID #: 4100600 WTP: _____ Month/Year: 11/2022

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]
0945	.8	47	37	14°	7.6	26	Yes	50
0915	.8		37	↓	↓	26	Yes	GPM
0900	.8		37	↓	↓	26	Yes	
1025	.6		28	↓	↓	26	Yes	
0830	.6		28	↓	7.4	21	Yes	
1230	.6		28	↓	↓	21	Yes	
1145	.6		28	↓	↓	21	Yes	
0915	.6		28	13°	↓	21	Yes	
0900	.9		42	14°	7.5	22	Yes	
1100	.8		37	13°	↓	22	Yes	
0900	.7		32	↓	↓	22	Yes	
0935	.8		37	↓	↓	22	Yes	
1000	.8		37	↓	↓	22	Yes	
0830	.8		37	↓	↓	22	Yes	
1050	1.4		65	12°	7.6	28	Yes	
0900	1.4		65	↓	↓	28	Yes	
0900	1.0		47	↓	↓	27	Yes	
1000	.9		42	↓	↓	27	Yes	
0900	.9		42	↓	↓	27	Yes	
1000	.8		37	↓	↓	26	Yes	
0800	.8		37	↓	↓	26	Yes	
0800	1.5		70	12°	7.5	24	Yes	
0830	1.5		70	↓	7.6	29	Yes	
0800	1.5		70	↓	↓	29	Yes	
0930	1.5		70	↓	↓	29	Yes	
1000	1.4		65	↓	↓	28	Yes	
1200	1.3		61	11°	↓	28	Yes	
0900	1.3		61	↓	↓	28	Yes	
1295	1.3		61	↓	↓	28	Yes	
0900	1.1		51	↓	↓	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