

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: **FEB/2023**
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: **CAR-District Improvement Co.** ID #: **4100600** WTP-: _____ Month/Year: **02/2023**

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						
2							
3			.054	.FF			.054
4							
5							
6							
7							
8			.024	.FF			.024
9							
10							
11			.033	.FF			.033
12							
13							
14			.044	.FF			.044
15							
16							
17							
18							
19							
20			.033	.FF			.033
21							
22							
23							
24			.045	.FF			.045
25							
26							
27			.028	.FF			.028
28							
29	[Crossed out]						
30	[Crossed out]						
31	[Crossed out]						

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 SCHWABEL	
	SIGNATURE: <i>[Signature]</i>	DATE: 3/8/2023
	PHONE #: (541) 996-4443	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

FEB/2023

System Name: CHR-District Improvement Co

ID #: 410060 WTP-:

Month/Year: 02/2023

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]
0900	1.2	47	56	11°	7.7	28	Yes	50
1000	1.2		56	↓	7.8	28	Yes	GPM
0800	1.1		51	10°	7.7	28	Yes	
0930	1.2		56	↓	7.6	28	Yes	
1200	1.2		56	11°	7.7	28	Yes	
1030	1.2		56	↓	↓	28	Yes	
0900	1.5		56 70	10°	7.8	29	Yes	
0830	1.5		70	11°	↓	29	Yes	
0900	1.5		70	↓	7.7	29	Yes	
0800	1.4		65	↓	7.6	28	Yes	
1030	1.4		65	↓	↓	28	Yes	
1200	1.4		65	10°	7.7	28	Yes	
1000	1.4		65	↓	7.6	28	Yes	
1030	1.5		70	↓	7.7	29	Yes	
0900	1.5		70	↓	7.8	29	Yes	
0900	1.5		70	↓	↓	29	Yes	
1000	1.4		65	11°	7.7	28	Yes	
1100	1.4		65	↓	↓	28	Yes	
1200	1.2		56	↓	↓	28	Yes	
1000	1.2		56	↓	↓	28	Yes	
0900	1.2		56	↓	↓	28	Yes	
1000	1.4		65	↓	↓	28	Yes	
0800	1.5		70	9° -	↓	39	Yes	
1000	1.5		70	↓ -	↓	39	Yes	
1000	1.5		70	↓ -	↓	39	Yes	
1200	1.5		70	↓ -	↓	39	Yes	
0900	1.5		70	↓ -	7.8	39	Yes	
0900	1.5		70	↓ -	7.7	39	Yes	
29/								
30/								
31/								

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