

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

System Name: **CHR-District Improvement Co.** ID #: **400600** WTP:- Month/Year: **04/2023**

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	1	1	1	1	1	/
2	1	1	1	1	1	1	/
3	1	1	.045	•FF	1	1	.045
4	1	1	1	1	1	1	/
5	1	1	1	1	1	1	/
6	1	1	1	1	1	1	/
7	1	1	1	1	1	1	/
8	1	1	1	1	1	1	/
9	1	1	1	1	1	1	/
10	1	1	1	1	1	1	/
11	1	1	.079	•FF	1	1	.079
12	1	1	1	1	1	1	/
13	1	1	.076	•FF	1	1	.076
14	1	1	.035	•FF	1	1	.035
15	1	1	1	1	1	1	/
16	1	1	1	1	1	1	/
17	1	1	.047	•FF	1	1	.047
18	1	1	1	1	1	1	/
19	1	1	1	1	1	1	/
20	1	1	1	1	1	1	/
21	1	1	.058	•FF	1	1	.058
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	.044	•FF	1	1	.044
27	1	1	1	1	1	1	/
28	1	1	.029	•FF	1	1	.029
29	1	1	1	1	1	1	/
30	1	1	1	1	1	1	/

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <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 ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: TREVOR SCHNABEL	
	SIGNATURE: <i>Trevor Schnabel</i>	DATE: 05/08/2023
	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.

APRIL 2023

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: CHR-District Improvement Co. ID #: 4100600 WTP:- Month/Year: 04/2023

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]
1000	.8	47	37	10°	7.5	22	Yes	50
1200	.8		37	↓	↓	22	Yes	6 PM
1130	.7		32	↓	↓	22	Yes	
0800	.7		32	↓	↓	22	Yes	
0900	.8		37	↓	↓	22	Yes	
1000	.7		32	↓	7.4	22	Yes	
0845	.6		28	↓	7.3	21	Yes	
1055	.6		28	↓	7.5	21	Yes	
1000	.6		28	↓	7.4	21	Yes	
1200	.6		28	↓	7.5	21	Yes	
0930	.6		28	↓	7.4	21	Yes	
0900	.6		28	↓	7.5	21	Yes	
0900	.9		42	↓	7.8	27	Yes	
0830	1.5		70	↓	↓	29	Yes	
1050	1.2		56	↓	↓	28	Yes	
1200	1.1		51	↓	7.7	28	Yes	
0900	1.0		47	11°	7.6	27	Yes	
0900	.8		37	11°	7	26	Yes	
1000	1.0		47	10°	7.7	27	Yes	
1200	.9		42	↓	7.6	27	Yes	
1030	1.0		47	11°	7.8	27	Yes	
0820	1.0		47	10°	↓	27	Yes	
1200	1.0		47	11°	7.7	27	Yes	
0900	1.0		61	↓	7.6	28	Yes	
0945	1.5		70	10°	7.5	29	Yes	
0800	1.4		65	11°	7.7	28	Yes	
1020	1.3		61	↓	7.6	28	Yes	
0830	1.2		56	↓	↓	28	Yes	
0800	1.2		56	10°	↓	28	Yes	
1200	1.0		47	11°	↓	27	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