

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

System Name: CHR-District Improvement Co. ID #: 4100600 WTP-: \_\_\_\_\_ Month/Year: 05/2023

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	→	→	→	→	→	→
2	→	→	→	→	→	→	→
3	→	→	→	→	→	→	→
4	→	→	→	→	→	→	→
5	→	→	.057	• FF	→	→	.057
6	→	→	→	→	→	→	→
7	→	→	→	→	→	→	→
8	→	→	.031	• FF	→	→	.031
9	→	→	→	→	→	→	→
10	→	→	.021	• FF	→	→	.021
11	→	→	→	→	→	→	→
12	→	→	.029	• FF	→	→	.029
13	→	→	→	→	→	→	→
14	→	→	→	→	→	→	→
15	→	→	.035	• FF	→	→	.035
16	→	→	→	→	→	→	→
17	→	→	→	→	→	→	→
18	→	→	.030	• FF	→	→	.030
19	→	→	→	→	→	→	→
20	→	→	→	→	→	→	→
21	→	→	→	→	→	→	→
22	→	→	.033	• FF	→	→	.033
23	→	→	→	→	→	→	→
24	→	→	→	→	→	→	→
25	→	→	.045	• FF	→	→	.045
26	→	→	.029	• FF	→	→	.029
27	→	→	→	→	→	→	→
28	→	→	→	→	→	→	→
29	→	→	→	→	→	→	→
30	→	→	.035	• FF	→	→	.035
31	→	→	→	→	→	→	→

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary		Monthly Summary (Answer Yes or No)	
	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	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	
Notes:	PRINTED NAME: <u>TREVOR SCHWABEL</u>		DATE: _____	
	SIGNATURE: <u>[Signature]</u>		PHONE #: <u>(541) 996-4443</u>	
	PHONE #: _____		CERT #: <u>T-436613</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

MAY/2023

System Name: CHR-District Improvement Co.

ID #: 4100600 WTP:-

Month/Year: 05/2023

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]
1030	1.0	47	47	11°	7.5	22	Yes	50
0930	1.3		61	↓	7.7	28	Yes	60
0800	1.1		51	↓	↓	28	Yes	
1000	1.0		47	↓	7.8	27	Yes	
0900	1.0		47	↓	7.7	27	Yes	
1000	1.0		47	12°	7.6	27	Yes	
1100	1.1		51	↓	↓	28	Yes	
1100	1.1		51	↓	↓	28	Yes	
0950	1.2		56	11°	↓	28	Yes	
1000	1.0		47	↓	↓	27	Yes	
0940	1.0		47	12°	7.8	27	Yes	
0830	1.1		51	↓	7.7	28	Yes	
0800	.9		42	↓	7.6	27	Yes	
0700	.9		42	↓	↓	27	Yes	
1015	1.0		47	↓	↓	27	Yes	
0900	1.1			↓	7.7	28	Yes	
0930	1.0		47	↓	7.6	27	Yes	
0900	.9		42	↓	↓	27	Yes	
1200	1.1		51	13°	7.7	28	Yes	
1000	1.1		51	↓	↓	28	Yes	
1200	1.1		51	12°	↓	28	Yes	
0830	1.1		51	↓	7.6	28	Yes	
0940	1.0		47	13°	↓	27	Yes	
1200	.8		37	↓	7.5	22	Yes	
0950	.8		37	↓	↓	22	Yes	
1200	.8		37	↓	↓	22	Yes	
0800	.9		42	↓	↓	22	Yes	
0900	.8		37	↓	↓	22	Yes	
0700	.8		37	↓	↓	22	Yes	
0900	.7		32	13°	7.4	21	Yes	
0900	1.0		47	↓	7.5	22	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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350