

**OHA - Drinking Water Program - Turbidity Monitoring Report Form** County: Jackson  
**Conventional or Direct Filtration**

System Name: COUNTRY VIEW MH ESTATES ID #: OR4100808 WTP:-WTP-A Month/Year: 6/21

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	↓	↓	↓	.089	↓	↓	.089
2	↓	↓	↓	.089	↓	↓	.089
3	↓	↓	↓	.091	↓	↓	.091
4	↓	↓	↓	OFF	↓	↓	OFF
5	↓	↓	↓	↓	↓	↓	↓
6	↓	↓	↓	↓	↓	↓	↓
7	↓	↓	↓	.098	↓	↓	.098
8	↓	↓	↓	.091	↓	↓	.091
9	↓	↓	↓	.089	↓	↓	.089
10	↓	↓	↓	.090	↓	↓	.090
11	↓	↓	↓	OFF	↓	↓	OFF
12	↓	↓	↓	↓	↓	↓	↓
13	↓	↓	↓	↓	↓	↓	↓
14	↓	↓	↓	↓	↓	↓	↓
15	↓	↓	↓	↓	↓	↓	↓
16	↓	↓	↓	.098	↓	↓	.098
17	↓	↓	↓	.093	↓	↓	.093
18	↓	↓	↓	.095	↓	↓	.095
19	↓	↓	↓	OFF	↓	↓	OFF
20	↓	↓	↓	↓	↓	↓	↓
21	↓	↓	↓	↓	↓	↓	↓
22	↓	↓	↓	.099	↓	↓	.099
23	↓	↓	↓	.098	↓	↓	.098
24	↓	↓	↓	.095	↓	↓	.095
25	↓	↓	↓	OFF	↓	↓	OFF
26	↓	↓	↓	.093	↓	↓	.093
27	↓	↓	↓	OFF	↓	↓	OFF
28	↓	↓	↓	.089	↓	↓	.089
29	↓	↓	↓	.089	↓	↓	.089
30	↓	↓	↓	.089	↓	↓	.089
31	↓	↓	↓	OFF	↓	↓	OFF

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CI's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Notes: PLANT RUNS 3 TO 4 hrs		
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PRINTED NAME: AL EATINGER		DATE: 7/4/21
	SIGNATURE: <i>[Signature]</i>		CERT #: 6097
	PHONE #: (541) 973-9200		

<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> IFE = Individ. Filter Eff. (CAR 333-061-0040(1)(e)(B&C))



## OHA - Drinking Water Program - Surface Water Quality Data Form

COUNTRY VIEW MH ESTATES ID #: OR4100808 WTP:- WTP-A Month/Year: 6/21

Required Log  
Inactivation: 0.5

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]	G X T	[°C]		Use tables	Yes / No	[GPM]
1/ 11 AM	.38	150	68.4	12	7.8	14	Yes	32
2/ ✓	.35	✓	63.0	12	8.1	↓	Yes	↓
3/	.30		54.0	12	8.0	↓		↓
4/	OFF		↓	OFF	OFF	OFF		OFF
5/	↓		↓	↓	↓	↓		↓
6/	↓		↓	↓	↓	↓		↓
7/	.40		72.0	13	7.9	14		32
8/	.40		72.0	↓	7.8	↓		36
9/	.38		68.4	↓	7.9	↓		36
10/	.32		57.6	↓	8.0	↓		36
11/	OFF		OFF	OFF	OFF	OFF		OFF
12/	↓		↓	↓	↓	↓		↓
13/	↓		↓	↓	↓	↓		↓
14/	↓		↓	↓	↓	↓		↓
15/	↓		↓	↓	↓	↓		↓
16/	.38		68.4	14	8.0	17		32
17/	.40		72.0	14	7.8	↓		32
18/	.41		73.8	14	8.0	↓		32
19/	OFF		OFF	OFF	OFF	OFF		OFF
20/	↓		↓	↓	↓	↓		↓
21/	↓		↓	↓	↓	↓		↓
22/	.32		57.6	14	7.9	17		36
23/	.32		57.6	14	8.1	↓		36
24/	.32		57.6	14	8.0	↓		36
25/	OFF		OFF	OFF	OFF	OFF		OFF
26/	.30		54.0	14	8.1	17		36
27/	OFF		OFF	OFF	OFF	OFF		OFF
28/	.30		54.0	14	8.0	17		36
29/	.30		54.0	14	8.0	↓		36
30/	.30		54.0	14	8.0	↓		36
31/ ✓	—	✓	—	—	—	—	Yes	—

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.