

**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: C/2022**

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	↓	↓	↓	OFF	↓	↓	OFF
2	↓	↓	↓	↓	↓	↓	↓
3	↓	↓	↓	↓	↓	↓	↓
4	↓	↓	↓	↓	↓	↓	↓
5	↓	↓	↓	↓	↓	↓	↓
6	↓	↓	↓	↓	↓	↓	↓
7	↓	↓	↓	↓	↓	↓	↓
8	↓	↓	↓	.074	↓	↓	.074
9	↓	↓	↓	.076	↓	↓	.076
10	↓	↓	↓	.057	↓	↓	.057
11	↓	↓	↓	.051	↓	↓	.057
12	↓	↓	↓	.070	↓	↓	.070
13	↓	↓	↓	.069	↓	↓	.069
14	↓	↓	↓	.064	↓	↓	.064
15	↓	↓	↓	.079	↓	↓	.079
16	↓	↓	↓	.069	↓	↓	.069
17	↓	↓	↓	.072	↓	↓	.072
18	↓	↓	↓	OFF	↓	↓	OFF
19	↓	↓	↓	↓	↓	↓	↓
20	↓	↓	↓	↓	↓	↓	↓
21	↓	↓	↓	↓	↓	↓	↓
22	↓	↓	↓	.089	↓	↓	.089
23	↓	↓	↓	.072	↓	↓	.072
24	↓	↓	↓	—	↓	↓	—
25	↓	↓	↓	.089	↓	↓	.089
26	↓	↓	↓	.071	↓	↓	.071
27	↓	↓	↓	—	↓	↓	—
28	↓	↓	↓	.075	↓	↓	.075
29	↓	↓	↓	.068	↓	↓	.068
30	↓	↓	↓	.070	↓	↓	.070
31	↓	↓	↓	—	↓	↓	—

<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	All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT'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 turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Notes: PLANT RUNS 3 TO 4 hrs	
PRINTED NAME: AL EATINGER		DATE: 7/1/2022	
SIGNATURE: <i>[Signature]</i>		PHONE #: (541) 973-9200	
PHONE #: (541) 973-9200		CERT #: 6097	

<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 333-051-0040(1)(e)(B&C))



OHA - Drinking Water Program - Surface Water Quality Data Form

COUNTRY VIEW MH ESTATES ID #: OR4100808 WTP: WTP-A Month/Year: 6/2022

Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/11 AM		180						
2/								
3/								OFF
4/								
5/								
6/								
7/								
8/	0.30		54.0	15	8.7	20		32
9/	0.31		55.8		8.6			
10/	0.30		54.0		8.5			
11/	0.30		54.0		8.4			
12/	0.30		54.0		8.5			
13/	0.30		54.0		8.7			
14/	0.30		54.0	16	8.5			
15/	0.30		54.0	16	8.5			
16/	0.32		57.6	16	8.4			
17/	0.30		54.0	16	8.5			
18/	OFF		OFF	OFF	OFF	OFF		32
19/								OFF
20/								
21/								
22/	0.32		57.6	17	8.4	20		32
23/	0.32		57.6	17	8.4	20		32
24/	-		-	-	-	-		32
25/	0.30		54.0	17	8.5	20		-
26/	0.32		57.6	17	8.4	20		32
27/	-		-	-	-	-		32
28/	0.32		57.6	17	8.5	20		-
29/	0.32		57.6	17	8.4	20		32
30/	0.32		57.6	17	8.5	20		32
31/	-		-	-	-	-		32

<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.