

**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: 2/23

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	↓	↓	↓		↓	↓	
2	↓	↓	↓		↓	↓	
3	↓	↓	↓		↓	↓	
4	↓	↓	↓		↓	↓	
5	↓	↓	↓		↓	↓	
6	↓	↓	↓		↓	↓	
7	↓	↓	↓		↓	↓	
8	↓	↓	↓		↓	↓	
9	↓	↓	↓		↓	↓	
10	↓	↓	↓		↓	↓	
11	↓	↓	↓		↓	↓	
12	↓	↓	↓		↓	↓	
13	↓	↓	↓		↓	↓	
14	↓	↓	↓		↓	↓	
15	↓	↓	↓		↓	↓	
16	↓	↓	↓		↓	↓	
17	↓	↓	↓		↓	↓	
18	↓	↓	↓		↓	↓	
19	↓	↓	↓		↓	↓	
20	↓	↓	↓		↓	↓	
21	↓	↓	↓		↓	↓	
22	↓	↓	↓		↓	↓	
23	↓	↓	↓		↓	↓	
24	↓	↓	↓		↓	↓	
25	↓	↓	↓		↓	↓	
26	↓	↓	↓		↓	↓	
27	↓	↓	↓		↓	↓	
28	↓	↓	↓		↓	↓	
29	↓	↓	↓		↓	↓	
30	↓	↓	↓		↓	↓	
31	↓	↓	↓		↓	↓	

ON WAYS

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 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 ₂ 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			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Notes: PLANT RUN'S 3 TO 4 HRS		PRINTED NAME: AL EATINGER	DATE: 2/06/23
		SIGNATURE: <i>[Signature]</i>	CERT #: 6097
		PHONE #: (541) 973-9200	

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. IFE = Individ. Filter Eff. (CAR 333-081-0040(1)(e)(B&C))