

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

**System Name: COUNTRY VIEW MH ESTATES ID #: OR4100006 WTP-WTP-A Month/Year:**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	↓	↓	↓	OFF	↓	↓	OFF
2	↓	↓	↓	OFF	↓	↓	-
3	↓	↓	↓	.165	↓	↓	.165
4	↓	↓	↓	.145	↓	↓	.145
5	↓	↓	↓	OFF	↓	↓	OFF
6	↓	↓	↓	.135	↓	↓	.135
7	↓	↓	↓	.146	↓	↓	.146
8	↓	↓	↓	OFF	↓	↓	OFF
9	↓	↓	↓	-	↓	↓	-
10	↓	↓	↓	↓	↓	↓	↓
11	↓	↓	↓	↓	↓	↓	↓
12	↓	↓	↓	↓	↓	↓	↓
13	↓	↓	↓	↓	↓	↓	↓
14	↓	↓	↓	↓	↓	↓	↓
15	↓	↓	↓	↓	↓	↓	↓
16	↓	↓	↓	↓	↓	↓	↓
17	↓	↓	↓	↓	↓	↓	↓
18	↓	↓	↓	.165	↓	↓	.165
19	↓	↓	↓	.145	↓	↓	.145
20	↓	↓	↓	.140	↓	↓	.140
21	↓	↓	↓	.150	↓	↓	.150
22	↓	↓	↓	OFF	↓	↓	OFF
23	↓	↓	↓	OFF	↓	↓	OFF
24	↓	↓	↓	.145	↓	↓	.145
25	↓	↓	↓	.137	↓	↓	.137
26	↓	↓	↓	.138	↓	↓	.138
27	↓	↓	↓	.142	↓	↓	.142
28	↓	↓	↓	.142	↓	↓	.142
29	↓	↓	↓	OFF	↓	↓	OFF
30	↓	↓	↓	OFF	↓	↓	OFF
31	↓	↓	↓	.142	↓	↓	.142

<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		PRINTED NAME: <b>AL EATINGER</b> SIGNATURE: <i>[Signature]</i> DATE: <b>9/13/23</b> PHONE #: <b>1541 1973-9200</b> CERT #: <b>6097</b>	
Notes: <b>PLANT RUN'S 3 TO 4 HRS</b>			

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 = Indiv. Filter Eff. (OAR 333-081-0040(1)(A)(B&C))

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

COUNTRY VIEW MH ESTATES ID #: OR4106808 WTP: WTP-A Month/Year: July/23

Required Log Installation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</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]
1 / 11 AM	OFF	180	—	—	—	—	—	—
2 / ✓	OFF	✓	—	—	—	—	—	—
3 /	.30		54. —	15	7.8	14	—	36
4 /	.33		59.4		7.9			
5 /	OFF		—		—			
6 /	.30		54. —		7.8			
7 /	.30		54. —		7.7			
8 /	OFF		OFF	OFF	OFF	OFF		OFF
9 /								
10 /								
11 /								
12 /								
13 /								
14 /								
15 /								
16 /								
17 /								
18 /	.30		54. —	15	8.5	14		36
19 /	.30		54. —	15	8.5			36
20 /	.30		54. —	15	8.4			36
21 /	.30		54. —	15	8.4			36
22 /	OFF		—	—	—	—		36
23 /	OFF		—	—	—	—		36
24 /	.30		54. —	14	8.2	14		32
25 /	.30		54. —	15	8.7			32
26 /	.30		54. —	15	8.6			34
27 /	.30		54. —	15	8.5			34
28 /	.30		54. —	15	8.5			34
29 /	OFF		—	—	—	—		34
30 /	OFF		—	—	—	—		34
31 / ✓	.32	✓	57.6	16	8.1	14	✓	34

<sup>2</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.  
 Download form at: [www.sdshealth.or.gov/health/Environmental/DrinkingWater/Monitoring/Documents/DrinkingWaterForm.pdf](http://www.sdshealth.or.gov/health/Environmental/DrinkingWater/Monitoring/Documents/DrinkingWaterForm.pdf)  
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