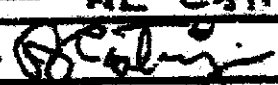


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Jackson
Conventional or Direct Filtration**

System Name: COUNTRY VIEW MN ESTATES **ID #:** OR4100006 **WTP:** WTP-A **Month/Year:** 9/2024

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	✓	✓	✓	↓	✓	✓	↓
3	✓	✓	✓	.122	✓	✓	.122
4	✓	✓	✓	.120	✓	✓	.120
5	✓	✓	✓	.121	✓	✓	.121
6	✓	✓	✓	.140	✓	✓	.140
7	✓	✓	✓	—	✓	✓	OFF
8	✓	✓	✓	OFF	✓	✓	OFF
9	✓	✓	✓	—	✓	✓	—
10	✓	✓	✓	—	✓	✓	—
11	✓	✓	✓	—	✓	✓	—
12	✓	✓	✓	—	✓	✓	—
13	✓	✓	✓	—	✓	✓	—
14	✓	✓	✓	—	✓	✓	—
15	✓	✓	✓	—	✓	✓	—
16	✓	✓	✓	—	✓	✓	—
17	✓	✓	✓	↓	✓	✓	↓
18	✓	✓	✓	.122	✓	✓	.122
19	✓	✓	✓	.170	✓	✓	.170
20	✓	✓	✓	.132	✓	✓	.132
21	✓	✓	✓	OFF	✓	✓	OFF
22	✓	✓	✓	OFF	✓	✓	OFF
23	✓	✓	✓	.140	✓	✓	.140
24	✓	✓	✓	OFF	✓	✓	OFF
25	✓	✓	✓	OFF	✓	✓	OFF
26	✓	✓	✓	.128	✓	✓	.128
27	✓	✓	✓	.125	✓	✓	.128
28	✓	✓	✓	OFF	✓	✓	OFF
29	✓	✓	✓	OFF	✓	✓	OFF
30	✓	✓	✓	OFF	✓	✓	OFF
31	✓	✓	✓	—	✓	✓	—

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	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 ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PRINTED NAME: AL EATINGER	
Note: Plant Run's 3 To 4 hrs		SIGNATURE: 	DATE: 10/2/24
		PHONE #: 1541 1973-9200	CERT #: 6097

Including continuous turbidity data, if applicable, for operational recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. IFE = Inhibit Filter Error (OAR 253-061-0040(1)(a)(B)(C))

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

COUNTRY VIEW MH ESTATES ID #: CR4108808 WTP: WTP-A Month/Year: 9/2024

Required Log
Inspection: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/11 AM	OFF	180	OFF	OFF	OFF	OFF	OFF	OFF
2/1	↓	↓	↓	↓	↓	↓	OFF	OFF
3/1	.39		70.2	15	8.3	14		32
4/1	.39		70.2	15	8.4	14		32
5/1	.32		57.4	15	8.5	14		32
6/1	.32		57.6	15	8.1	14		32
7/1	OFF		OFF	OFF	OFF	OFF		OFF
8/1								
9/1								
10/1								
11/1								
12/1								
13/1								
14/1								
15/1								
16/1								
17/1	↓		↓	↓	↓	↓		↓
18/1	.45		81.0	15	7.9	14		32
19/1	.30		54.0	15	7.9	14		32
20/1	.35		63.0	15	7.9	14		32
21/1	OFF		OFF	OFF	OFF	OFF		OFF
22/1	OFF		OFF	OFF	OFF	OFF		OFF
23/1	.30		54.0	14	8.2	14		32
24/1	OFF		OFF	OFF	OFF	OFF		OFF
25/1	OFF		OFF	—	↓	↓		↓
26/1	.40		72.0	14	8.2	14		32
27/1	.40		72.0	14	8.1	14		32
28/1	OFF		OFF	OFF	OFF	OFF		OFF
29/1	OFF		OFF	OFF	OFF	OFF		OFF
30/1	OFF		OFF	↓	↓	↓		↓
31/1	↓	↓	↓	↓	↓	↓		↓

² If Cl₂ at entry point < 0.2 mg/L OR CT not met, notify DWP by end of next business day.