OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration

County: Jackson

Name: Country View M.H.E. **ID #41:** 00808 **WTP:** A **Month/Year:** 6/25

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	OFF	OFF	OFF	.09	OFF	OFF	.09
2				.07			.07
3				.09			.09
4				Wells			Wells
5							
6							
7							
8							
9							
10							
11				↓			↓
12				.09			.09
13				.09			.09
14				Wells			Wells
15							
16				↓			↓
17				.08			.08
18				.08			.08
19				.07			.07
20				.09			.09
21				Wells			Wells
22				↓			↓
23				.09			.09
24				.07			.07
25				.06			.06
26				.08			.08
27				.03			.03
28				—			—
29				—			—
30				.08			.08
31	↓	↓	↓	—	↓	↓	—

Conventional or Direct Filtration

Monthly Summary

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No
All turbidity readings < IFE[2] triggers? (Yes) / No [2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) No

Notes: PLANT RUNS 3 TO 4 HRS

PRINTED NAME: AL EATINGER

SIGNATURE: [signature] **DATE:** 7/8/25

PHONE #: (541) 973-9200 **CERT #:** 6097

[1] 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. [2] IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - *Giardia* Inactivation

Name: Country View Mobile H.E. **ID #41:** 01808 **WTP-:** **Month/Year:** 6/25 **Log Requirement (Circle One):** (0.5) 1.0

Date / Time	Minimum Cl_2 Residual at 1st User (C)[3]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?[3]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / AM	.30	180	54.0	14	8.6	17	Yes	32
2 /	.37		66.6	14	8.6	17		32
3 /	.36		64.8	14	8.6	17		32
4 /	~~Wells~~	~~Well~~	~~Wells~~	Wells	Wells	Wells	Wells	Wells
5 /								
6 /								
7 /								
8 /								
9 /								
10 /								
11 /								
12 /	.32		57.6	14	8.4	17	Yes	32
13 /	.35		63.0	15	8.4	17		32
14 /								Wells
15 /								
16 /								
17 /	.30		54.0	16	8.4	17	Yes	32
18 /	.30		54.0	16	8.3			32
19 /	.30		54.0	15	8.3			34
20 /	.28		50.4	15	8.3			34
21 /		Wells	Wells	Wells		Wells	Wells	Wells
22 /								
23 /	.27		39.2	15		17	Yes	34
24 /	.25		45.0	15	8.2			34
25 /	.30		54.0	15	8.1			34
26 /	.30		54.0	15	8.2			34
27 /	.30		54.0	15	8.3			34
28 /		Wells	Wells	Wells		Wells	Wells	—
29 /				—			—	—
30 /	.30		54.0	15	8.2	17	Yes	34
31 /								—

[3] If Cl_2 at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350