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

County:

Name: COUNTRY VIEW M.H.E. **ID #41:** 00808 **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[1] [NTU]
1	OFF	OFF	OFF	.170	OFF	OFF	.17
2				.15			.15
3				.16			.16
4				.15			.15
5				—			—
6				—			—
7				—			—
8				.18			.18
9				.19			.19
10				.19			.19
11				.16			.16
12				—			—
13				—			—
14				.18			.18
15				.18			.18
16				.19			.19
17				.19			.19
18				.19			.19
19				—			—
20				—			—
21				—			—
22				.19			.19
23				.16			.16
24				.18			.18
25				.14			.14
26				—			—
27				—			—
28				.13			.13
29				.11			.11
30				.13			.13
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 3TO4 HRS

PRINTED NAME: AL EATINGER

SIGNATURE: [signature] **DATE:** 8/4/2025

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: **ID #41:** 00808 **WTP-:** **Month/Year:** 7/2025 **Log Requirement (Circle One):** 0.5 1.0

Date / Time	Minimum Cl_2 Residual at 1st User (C)[3] [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? [3] Yes / No	Peak Hourly Demand Flow [GPM]
1 / MAM	.30	180	54.0	15	8.5	17	YES	34
2 /	.30		54.0		8.5			
3 /	.32		57.6		8.5			
4 /	.31		55.8		8.4			
5 /	–		–	–	–	–		OFF
6 /	–		–	–	–	–		
7 /	–		–	–	–	–		
8 /	.30		54.0	15	8.2	17		34
9 /	.31		55.8		8.3			
10 /	.30		54.0		8.2			
11 /	.30		54.0		8.5			
12 /	–		–	–	–	–		
13 /	–		–	–	–	–		OFF
14 /	.30		54.0	16	8.2	17		34
15 /	.36		64.8		8.3			
16 /	.36		64.8		8.2			
17 /	.36		64.8		8.1			
18 /	.36		64.8		8.2			
19 /	.36		64.8		8.2			
20 /	–		–	–	–	–		OFF
21 /	–		–	–	–	–		OFF
22 /	.30		54.0	16	8.2	17		34
23 /	.30		54.0		8.1			
24 /	.32		57.6		8.2			
25 /	.30		54.0		8.1			
26 /	–		–	~~16~~	–			OFF
27 /	–		–	~~16~~	–	–		OFF
28 /	.31		55.8	16	8.1	17		34
29 /	.30		54.0		8.2			
30 /	.30		54.0		8.1			
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