

**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: **1/21**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [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	↓	↓	↓		↓	↓	

*see walls*

<b>Conventional or Direct Filtration</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 All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		<b>Monthly Summary (Answer Yes or No)</b> Cl <sub>2</sub> '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	
Notes: PLANT RUN'S 3 TO 4 HRS RECEIVED FEB 1 2021 Data Mgmt & Compliance Drinking Water Program		PRINTED NAME: <b>AL EATINGER</b> SIGNATURE: <i>[Signature]</i> DATE: <b>2/1/21</b> PHONE #: <b>(541) 973-9200</b> CERT #: <b>6097</b>	

<sup>1</sup>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.  
<sup>2</sup>IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(e)(B&C))

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

COUNTRY VIEW MH ESTATES ID #: OR4100808 WTP:- WTP-A Month/Year: *4/21*

Required Log  
Inactivation: *0.5*

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</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 / <i>11 AM</i>		<i>150</i>					<i>900</i>	
2 / <i>↓</i>		<i>↓</i>					<i>↓</i>	
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31 / <i>↓</i>		<i>↓</i>					<i>↓</i>	

*own wells*

<sup>3</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.