

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: 2/21

| 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 | ↓ | ↓ | ↓ | | ↓ | ↓ | |
| 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 | ↓ | ↓ | ↓ | | ↓ | ↓ | |

ON VARS

| | | | |
|---|---|--|---------------|
| 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 | CI'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 the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | | | |
| All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | | | |
| Notes: PLANT RUNS 3 TO 4 HRS | | PRINTED NAME: AL EATINGER | DATE: 2/25/21 |
| | | SIGNATURE: | CERT #: 6097 |
| | | PHONE #: (541) 973-9200 | |

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 Eff. (CAR 333-051-0040(1)(e)(B&C))