

OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: _____ ID #: _____ WTP: _____ Month/Year: March 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			0.051				0.051
2			0.047				0.047
3			0.043				0.043
4			0.042				0.042
5			0.042				0.042
6			0.043				0.043
7			0.045				0.045
8			0.043				0.043
9			0.044				0.044
10			0.043				0.043
11			0.043				0.043
12			0.044				0.044
13			0.046				0.046
14			0.044				0.044
15			0.042				0.041
16			0.044				0.044
17			0.044				0.044
18			0.046				0.046
19			0.045				0.046
20			0.044				0.044
21			0.046				0.046
22			0.049				0.049
23			0.046				0.046
24			0.049				0.049
25			0.047				0.047
26			0.048				0.048
27			0.045				0.045
28			0.049				0.049
29			0.049				0.049
30			0.049				0.049
31			0.046				0.046

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 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 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Levi Tickner</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>4/8/21</u>
		PHONE #: <u>(541) 298-1804</u>	CERT #: <u>T-008780</u>

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 Filtered systems only.

System Name: City of Sumpter

ID #: 4100845

WTP

Month/Year

#####

Including continuous turbidity data, if applicable, for optimization recording purposes. readings' maximum. 2 Filtered systems only.

Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous

Date/ Time	Beginning	Ending	Difference	Minimum Cl ₂ Residual at 1"User (C) 3	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? 3	Peak Hourly Deand Flow
Mar-21				[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes/N o	
1	472987500	473183400	195900	0.6	118	85	5.1	7.9	68	Y	680
2 /	473183400	473352800	169400	0.7	136	85	4.5	7.9	70	Y	588
3 /	473352800	473538300	185500	0.7	124	87	5.0	7.9	70	Y	644
4 /	473538300	473720900	182600	0.7	126	88	6.2	7.9	68	Y	634
5 /	473720900	473899800	178900	0.8	129	103	7.3	7.8	70	Y	621
6 /	473899800	474078100	178300	0.7	129	90	6.3	7.8	68	Y	619
7 /	474078100	474265700	187600	0.7	123	86	8.2	7.8	68	Y	651
8 /	474265700	474435500	169800	0.8	136	109	4.5	7.9	70	Y	590
9 /	474435500	474614600	179100	0.7	129	90	5.4	7.9	68	Y	622
10 /	474614600	474794600	180000	0.7	128	90	7.3	7.9	68	Y	625
11 /	474794600	474971000	176400	0.8	131	104	6.2	7.9	70	Y	613
12 /	474971000	475155600	184600	0.8	125	100	6.6	7.9	70	Y	641
13 /	475155600	475325200	169600	0.8	136	77	6.5	7.9	70	Y	589
14 /	475325200	475511400	186200	0.8	124	99	8.3	7.9	70	Y	647
15 /	475511400	475678100	166700	0.8	138	111	6.9	7.9	70	Y	579
16 /	475678100	475856000	177900	0.7	130	91	8.0	7.8	68	Y	618
17 /	475856000	476043700	187700	0.8	123	98	7.4	7.8	70	Y	652
18 /	476043700	476235900	192200	0.7	120	84	8.4	7.9	68	Y	667
19 /	476235900	476453500	217600	0.8	106	85	6.9	7.5	70	Y	756
20 /	476453500	476681100	227600	0.7	101	71	7.2	6.8	68	Y	790
21 /	476681100	476916300	235200	0.7	98	69	7.3	7.4	68	Y	817
22 /	476916300	477160400	244100	0.7	94	66	9.0	7.4	64	Y	848
23 /	477160400	477414300	253900	0.8	91	73	8.9	7.3	66	Y	882
24 /	477414300	477703700	289400	0.7	80	56	7.6	7	48	Y	1005
25 /	477703700	477970900	267200	0.7	86	60	7.8	7	48	Y	928
26 /	477970900	478206600	235700	0.6	98	59	7.5	7.4	57	Y	818
27 /	478206600	478452300	245700	0.7	94	66	7.2	7.1	48	Y	853
28 /	478452300	478633800	181500	0.7	127	89	8.9	8.9	73	Y	630
29 /	478633800	478815300	181500	0.7	127	89	8.4	8.4	61	Y	630
30 /	478815300	478990100	174800	0.7	132	92	7.6	7.4	57	Y	607
31 /	478990100	479169400	179300	0.6	128	77	8.2	7.4	43	Y	623

3 If Cl2 at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

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

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

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