

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

System Name: **TIMBER WATER ASSOCIATION** ID #: **OR4100898** WTP-: **WTP-A** Month/Year: **NOVEMBER-2022**

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				.08			.08
2				.08			.08
3				.08			.08
4				.08			.08
5				.08			.08
6				.08			.09
7				.08			.09
8				.30			.03
9	power shutdown			.27			.27
10				.26			.26
11				.25			.25
12				.25			.25
13				.24			.24
14				.24			.24
15	PLANT SHUTDOWN PROBLEM WITH SPEED PUMPS						
16				.09			.13
17				.13			.13
18				.12			.12
19				.12			.12
20				.12			.14
21				.12			.12
22				.18			.18
23				.16			.17
24				.26			.28
25				.31			.45
26				.51			.55
27				.50			.58
28				.64			.65
29				.62			.65
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>	PRINTED NAME: <b>Jeff Bush</b>	DATE: <b>12-8-22</b>
	SIGNATURE: <i>[Signature]</i>	PHONE #: <b>(503) 1816-0958</b>
	CERT #: <b>6091</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> Filtered systems only.

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

TIMBER WATER ASSOCIATION ID #: OR4100898 WTP:- WTP-A Month/Year: NOVEMBER- 2022

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 10:05	.88	72	63.36	14.3	7.90	26	Yes	12
2 19:05	.93		66.96	13.0	7.90	26	Yes	12
3 16:05	.98		70.56	12.6	7.90	27	Yes	12
4 16:15	.90		64.8	12.6	7.90	26	Yes	12
5 12:05	.69		49.68	12.2	7.80	26	Yes	12
6 12:35	.63		45.36	12.0	7.80	26	Yes	12
7 16:00	.63		45.36	12.3	7.80	26	Yes	12
8 17:00	.75		54	12.3	7.80	26	Yes	12
9 18:00	Plant		Shutdown	power		Outage		
10 19:00	.81		58.32	11.7	7.80	26	Yes	12
11 16:30	.91		65.52	11.9	7.80	26	Yes	12
12 Dec	.98		70.56	11.6	7.80	26	Yes	12
13 Dec	.68		48.96	11.5	7.80	26	Yes	12
14 11:35	.65		46.8	10.9	7.70	26	Yes	12
15 /	PLANT SHUTDOWN PROBLEM WITH SPEED PUMPS							
16 /	PLANT SHUTDOWN PROBLEM WITH SPEED PUMPS							
17 10:15	.85		61.2	10.9	7.80	26	Yes	10
18 13:45	1.09		78.48	10.3	7.90	27	Yes	10
19 13:20	.98		70.56	9.9	7.90	36	Yes	10
20 18:05	.93		66.96	9.8	7.90	35	Yes	10
21 19:45	.80		57.6	9.6	7.90	35	Yes	10
22 12:05	.77		55.44	9.4	7.90	35	Yes	10
23 14:45	.66		47.52	9.3	7.90	35	Yes	10
24 11:05	.99		71.28	9.3	7.90	36	Yes	10
25 12:05	.92		66.24	9.1	7.90	35	Yes	10
26 12:55	.84		60.48	9.1	7.90	35	Yes	10
27 13:05	.76		54.72	8.9	7.90	35	Yes	10
28 17:30	.62		44.64	8.7	7.90	35	Yes	10
29 16:30	.73		52.56	8.5	7.90	35	Yes	10
30 18:30	.80	↓	57.6	10.6	7.90	26	Yes	10
31 /								

<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.