

**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: **March/2023**

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				.07			.07
2				.07			.07
3				.07			.07
4				.08			.08
5				.08			.08
6				.12			.12
7				.03			.04
8				.04			.04
9				.04			.06
10				.04			.04
11				.04			.06
12				.04			.04
13				.05			.05
14				.05			.05
15				.05			.05
16				.05			.05
17				.05			.05
18				.05			.05
19				.05			.06
20				.06			.10
21				.06			.06
22				.06			.06
23				.06			.06
24				.06			.06
25				.08			.09
26	NO	TEST	RAN	CIP	MAINTENANCE		
27				.04			.09
28				.06			.07
29				.05			.0
30				.05			.05
31				.05			.05

<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="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: <b>Jeff Burch</b>	DATE: <b>4-10-23</b>
	SIGNATURE: <i>Jeff Burch</i>	CERT #: <b>6091</b>
	PHONE #: <b>(503) 816-0958</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: March/2023

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 00:30	.92	7.2	66.24	8.0	7.90	36	Yes	10
2 16:00	.95		68.4	8.3	7.90	36	Yes	10
3 16:30	.89		64.08	8.7	7.90	36	Yes	10
4 16:00	.82		59.04	8.0	7.80	36	Yes	10
5 17:30	.93		66.96	8.3	7.90	36	Yes	10
6 15:05	.85		61.2	8.4	7.80	35	Yes	10
7 15:05	.82		59.04	8.2	7.90	35	Yes	10
8 19:35	.77		55.44	8.0	7.90	35	Yes	10
9 15:05	.98		70.56	8.7	7.90	36	Yes	10
10 12:35	.92		66.24	8.9	7.90	36	Yes	10
11 10:05	.90		64.8	9.2	7.80	36	Yes	10
12 21:05	.89		64.08	9.2	7.80	36	Yes	10
13 16:00	.81		58.32	8.0	7.80	35	Yes	10
14 17:00	.83		59.76	9.0	7.80	36	Yes	10
15 12:30	.89		64.08	9.5	7.80	36	Yes	10
16 18:00	.93		66.96	9.6	7.80	36	Yes	10
17 17:00	.91		65.52	9.8	7.80	36	Yes	10
18 13:00	1.10		79.2	9.8	7.80	36	Yes	10
19 12:00	1.06		76.32	9.7	7.80	36	Yes	10
20 16:55	.99		71.28	9.3	7.90	36	Yes	10
21 16:35	.91		65.52	9.0	7.80	36	Yes	10
22 15:35	.88		63.36	8.5	7.70	36	Yes	10
23 17:05	.83		59.76	8.0	7.80	35	Yes	10
24 13:05	.81		58.32	7.2	7.80	35	Yes	10
25 11:35	.78		56.16	7.0	7.80	35	Yes	10
26 1:00	NO TEST RAN CIP MAINTENANCE							
27 15:00	.70		50.4	8.9	7.80	36	Yes	10
28 7:00	.73		52.56	9.2	7.80	36	Yes	10
29 16:00	.80		57.6	9.6	7.80	36	Yes	10
30 10:00	.86		61.92	9.4	7.80	36	Yes	10
31 17:00	.91		65.52	9.9	7.80	36	Yes	10

<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.