

**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: JULY 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				.06			.07
2				.07			.08
3				.10			.10
4				.11			.11
5	power		outage				
6				.18			.18
7				.17			.20
8				.24			.26
9				.30			.30
10				.10			.11
11				.08			.08
12				.05			.05
13				.05			.08
14				.07			.07
15				.11			.13
16				.18			.18
17				.17			.19
18				.18			.19
19				.10			.11
20				.12			.12
21				.13			.13
22				.13			.14
23				.15			.17
24				.17			.17
25				.18			.18
26				.19			.20
27				.21			.21
28				.22			.22
29				.23			.23
30				.25			.25
31				.26			.26

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</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	<b>Monthly Summary (Answer Yes or No)</b>	
	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
Notes:	PRINTED NAME: <u>Jeff Bush</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>8.10.23</u>
	PHONE #: <u>(503) 1816-0958</u>	CERT #: <u>6091</u>

<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: July 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1 17:00am	.71	72	51.12	15.0	7.80	18	Yes	12
2 16:30	.73		52.56	15.3	7.80	18	Yes	12
3 17:00	.81		58.32	15.6	7.80	18	Yes	12
4 12:00	.86		61.92	15.8	7.80	18	Yes	12
5 17:40	power			outage				12
6 18:00	.93		66.96	15.9	7.80	18	Yes	12
7 18:00	.95		68.4	15.7	7.90	18	Yes	12
8 18:00	.86		61.92	15.0	7.90	18	Yes	13
9 13:00	.90		64.8	15.9	7.80	18	Yes	13
10 14:15	.83		59.76	16.1	7.80	18	Yes	13
11 15:35	.80		57.6	16.3	7.80	18	Yes	13
12 14:05	.99		71.28	16.8	7.90	18	Yes	13
13 14:05	.97		69.84	17.3	7.90	18	Yes	13
14 14:05	.88		63.36	17.6	7.90	18	Yes	13
15 14:35	.79		56.88	17.9	8.00	18	Yes	13
16 12:45	.85		61.2	17.9	7.80	18	Yes	13
17 17:05	.73		52.56	18.2	7.80	18	Yes	15
18 14:05	.97		69.84	18.0	7.80	18	Yes	15
19 17:00	.99		71.28	18.0	7.80	18	Yes	15
20 15:30	.93		66.96	18.3	7.80	18	Yes	15
21 14:00	.96		69.12	17.9	7.80	18	Yes	15
22 20:00	1.03		72	17.8	7.80	18	Yes	15
23 15:00	1.06		76.32	17.7	7.80	18	Yes	12
24 19:00	.98		70.56	17.0	7.80	18	Yes	12
25 17:00	.72		51.84	17.6	7.80	18	Yes	12
26 18:00	.86		61.92	17.0	7.80	18	Yes	12
27 20:00	.88		63.36	17.9	7.80	18	Yes	12
28 20:00	.91		65.52	18.1	7.80	18	Yes	12
29 16:00	.95		68.4	18.0	7.80	18	Yes	12
30 13:00	.81		58.32	16.6	7.80	18	Yes	12
31 14:00	.90	✓	64.8	17.9	7.80	18	Yes	12

<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.