

**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: FEBRUARY - 2024**

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				.14			.15
2				.15			.15
3				.15			.15
4				.16			.16
5				.16			.16
6				.17			.17
7				.17			.17
8				.18			.18
9				.18			.18
10				.19			.19
11				.20			.20
12				.23			.23
13				.23			.26
14				.26			.26
15				.23			.23
16				.22			.23
17				.22			.22
18	NO TEST TODAY CIP MAINTENANCE						
19				.01			.01
20				.01			.01
21				.01			.01
22				.01			.01
23				.01			.01
24				.01			.02
25				.01			.01
26				.01			.01
27				.02			.02
28				.02			.02
29				.02			.02
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: Jeff Burkh	DATE: 3-5-24
	SIGNATURE: <i>Jeff Burkh</i>	CERT #: 6091
	PHONE #: (503) 816-0958	

<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: FEBRUARY 2024

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 11:05	.86	72	61.92	10.4	7.80	26	Yes	10
2 11:05	.81		58.32	10.5	7.80	26	Yes	10
3 11:05	.77		55.44	10.5	7.80	26	Yes	10
4 11:35	.73		52.56	10.3	7.80	26	Yes	10
5 12:30	1.04		74.88	10.9	7.80	27	Yes	10
6 12:30	1.06		76.32	10.1	7.80	27	Yes	10
7 15:00	.93		66.96	10.8	7.80	26	Yes	10
8 15:30	.90		64.8	10.2	7.80	26	Yes	10
9 15:30	.95		68.4	10.5	7.80	27	Yes	10
10 14:00	1.11		79.92	11.4	7.80	27	Yes	10
11 12:00	1.05		75.6	10.4	7.80	27	Yes	10
12 11:05	1.00		72	10.2	7.80	27	Yes	10
13 11:05	.97		69.84	10.0	7.80	27	Yes	10
14 15:35	.94		67.68	7.8	7.80	35	Yes	10
15 15:05	.92		66.24	7.3	7.80	35	Yes	10
16 15:45	.88		63.36	7.7	7.80	35	Yes	10
17 14:05	.79		56.88	7.9	7.80	35	Yes	10
18 /	NO TEST		TODAY	CIP	MAINTENANCE			10
19 5:00	.81		58.32	10.3	7.80	27	Yes	10
20 12:30	.96		69.12	9.8	7.80	27	Yes	10
21 16:00	.94		67.68	11.8	7.80	27	Yes	10
22 16:30	.69		49.68	11.1	7.80	27	Yes	10
23 18:30	.72		51.84	11.0	7.80	27	Yes	10
24 16:30	.81		58.32	11.8	7.80	27	Yes	10
25 19:30	.80		57.6	11.5	7.80	27	Yes	10
26 12:25	.90		64.8	10.3	7.80	26	Yes	10
27 11:05	.87		62.64	10.0	7.80	26	Yes	10
28 18:35	.78		56.16	9.5	7.80	35	Yes	10
29 11:25	.75	V	54	9.2	7.80	35	Yes	10.
30 /								
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.  
 Download form at: [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)