

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

**System Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **WTP-:** \_\_\_\_\_ **Month/Year** June 2020

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				.03			.03
2				.03			.03
3				.03			.04
4				.03			.04
5				.04			.04
6				.08			.08
7				.05			.05
8				.06			.10
9				.08			.08
10				.10			.13
11				.17			.17
12				.20			.20
13				.29			.29
14				.33			.33
15				.34			.34
16				.33			.34
17				.10			.12
18				.09			.10
19				.09			.12
20				.08			.10
21				.09			.09
22				.09			.09
23				.04			.04
24				.04			.04
25				.04			.04
26				.04			.04
27				.04			.04
28				.05			.05
29				.05			.05
30				.05			.05
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
<b>Notes:</b>	PRINTED NAME: <u>Jeff Burch</u>	
	SIGNATURE: <u>Jeff Burch</u>	DATE: <u>7-10-24</u>
	PHONE #: <u>(503) 816-0958</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 Services – Surface Water Quality Data Form

System Name: **TIMBER WATER ASSOCIATION** ID #: \_\_\_\_\_ WTP: \_\_\_\_\_ Month/Year: **June 2021**

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 11:00	.70	7.2	5.4	12.3	7.80	26	Yes	10
2 11:00	.78		56.16	12.0	7.80	26	Yes	10
3 11:30	.81		58.32	12.4	7.80	26	Yes	10
4 11:45	.79		56.88	12.6	7.80	26	Yes	10
5 11:55	.77		55.44	12.9	7.80	26	Yes	10
6 12:05	.96		69.12	13.3	7.80	27	Yes	10
7 12:05	.90		64.8	13.6	7.80	27	Yes	10
8 12:05	.91		65.52	14.4	7.80	27	Yes	10
9 12:15	.89		64.08	15.5	7.80	27	Yes	10
10 12:00	1.11		79.92	14.6	7.80	27	Yes	10
11 12:00	1.08		77.76	15.1	7.80	27	Yes	10
12 12:30	.98		70.56	15.8	7.80	27	Yes	10
13 12:00	.63		45.36	14.7	7.80	27	Yes	10
14 12:30	.75		54	14.3	7.80	27	Yes	10
15 12:00	.81		58.32	14.0	7.80	27	Yes	10
16 12:00	.80		57.6	12.7	7.80	26	Yes	10
17 12:15	.93		66.96	13.4	7.80	26	Yes	10
18 12:25	.90		64.8	13.9	7.80	26	Yes	10
19 12:35	.88		63.36	15.6	7.80	18	Yes	10
20 12:05	.86		61.92	16.2	7.80	18	Yes	10
21 12:05	.85		61.2	16.6	7.80	18	Yes	10
22 12:20	.79		56.88	16.9	7.80	18	Yes	10
23 12:05	.90		64.8	16.1	7.80	18	Yes	10
24 12:30	.93		66.96	15.5	7.80	18	Yes	10
25 12:30	.88		63.36	15.1	7.80	18	Yes	10
26 12:15	.70		64.8	15.6	7.80	18	Yes	10
27 12:00	.95		68.4	15.1	7.80	18	Yes	10
28 12:00	.85		61.2	15.8	7.80	18	Yes	10
29 12:30	.96		69.12	15.9	7.80	18	Yes	10
30 12:30	.98		70.56	16.1	7.80	18	Yes	10
31 /								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised November 2022

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-all-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-all-unfiltered.pdf)

**Return by 10<sup>th</sup> of following month by email, fax, or mail to:**

[owp\\_umce@oha.oregon.gov](mailto:owp_umce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350