

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

System Name: TWA ID #: _____ WTP-: _____ Month/Year: July - 2024

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1				.05			.06
2				.08			.08
3				.05			.07
4				.06			.06
5				.06			.08
6				.07			.07
7				.06			.09
8				.06			.09
9				.09			.09
10				.06			.06
11				.07			.07
12				.07			.07
13				.07			.07
14				.07			.08
15				.08			.08
16				.23			.24
17				.23			.29
18				.31			.35
19				.25			.26
20	NO	TEST	TODAY	- PLANT IN CRITICAL SHUTDOWN			
21				.09			.09
22				.04			.04
23				.04			.04
24				.04			.04
25				.04			.04
26		NO	TEST	Plant critical shutdown			
27		NO	TEST	Plant critical shutdown			
28				.05			.05
29				.05			.05
30				.06			.06
31				.06			.08

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: _____	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>8-8-24</u>
	PHONE #: <u>(503) 816-0258</u>	CERT #: <u>6091</u>

¹ 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. - Filtered systems only

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: **TWA**

ID #:

WTP-:

Month/Year: **July 2024**

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1 40:20	1.01	72	72.72	16.3	7.80	18	Yes	10
2 41:05	.99		71.28	16.7	7.80	18	Yes	10
3 42:05	.96		69.12	16.5	7.80	18	Yes	10
4 43:25	.90		64.80	16.9	7.80	18	Yes	10
5 40:05	.86		61.92	17.1	7.80	18	Yes	10
6 45:05	.71		51.12	17.5	7.80	18	Yes	10
7 49:35	.92		66.24	18.1	7.80	18	Yes	10
8 11:38	.73		66.96	18.3	7.80	18	Yes	12
9 17:00	.89		64.08	18.2	7.80	18	Yes	12
10 17:00	.83		59.76	18.4	7.80	18	Yes	12
11 16:00	.90		64.80	18.0	7.80	18	Yes	12
12 15:00	.85		61.2	18.5	7.80	18	Yes	15
13 00:00	.95		68.4	18.7	7.80	18	Yes	15
14 13:30	.99		71.28	18.6	7.80	18	Yes	15
15 49:35	.74		53.28	19.1	7.90	18	Yes	15
16 47:45	.79		56.88	18.8	7.90	18	Yes	15
17 49:25	.71		51.12	18.5	7.90	18	Yes	15
18 44:05	.91		65.52	18.5	7.90	18	Yes	15
19 18:35	.88		63.36	18.7	7.90	18	Yes	15
20 41:05	.95		68.4	18.6	7.90	18	Yes	15
21 /	NO TEST		RAN	PLANT	IN	CRITICAL	SHUTDOWN	
22 44:00	.99		71.28	18.1	7.70	18	Yes	15
23 16:00	.90		64.80	18.3	7.80	18	Yes	12
24 16:00	.86		61.92	18.0	7.80	18	Yes	12
25 15:00	.93		66.96	17.3	7.80	18	Yes	12
26 10:30	.80		57.6	17.8	7.80	18	Yes	12
27 /	NO	TEST	Plant	in	critical	Shutdown	12	
28 /	NO	TEST	Plant	in	critical	Shutdown		
29 12:05	.87		62.64	16.7	7.80	18	Yes	12
30 19:05	.91		65.52	16.8	7.80	18	Yes	12
31 20:05	.71		51.12	17.1	7.80	18	Yes	12

³ If Cl₂ 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-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp_dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350
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