



**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: **AUGUST-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				.08			.10	
2				.15			.18	
3				.20				
4	PROBLEM WITH PLANT - CRITICAL SHUTDOWN							
5				.07			.07	
6	problem with plant - critical shutdown							
7				.13			.13	
8				.12			.12	
9				.08			.08	
10				.09			.09	
11				.09			.09	
12				.10			.11	
13				.11			.12	
14				.13			.15	
15				.15			.16	
16				.16			.17	
17				.18			.18	
18				.17			.19	
19				.16			.16	
20				.18			.18	
21				.19			.19	
22				.20			.20	
23				.23			.23	
24				.25			.25	
25	problem with plant							
26				.30			.30	
27				.34			.34	
28				.39			.39	
29				.40			.40	
30				.28			.29	
31				.17			.17	

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary		Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:	PRINTED NAME: Jeff Burch			
	SIGNATURE: 		DATE: 9-10-24	
	PHONE #: (503) 816-0950		CERT #: 6091	

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. ² Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name:

TWA

ID #:

WTP-:

Month/Year: AUGUST 2020

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 14:45	.93	72	66.96	16.5	7.80	18	Yes	12
2 14:05	.88		63.36	16.9	7.80	18	Yes	12
3 14:05	.73		52.56	17.1	7.90	18	Yes	15
4 /	NO TEST	RAN	TODAY	- PROBLEM	WITH	PLANT		
5 14:40	.78		56.16	20.6	7.90	18	Yes	15
6 /	NO	Test	Ran	- problem	with	plant		15
7 8:30	.80		57.6	16.3	7.80	18	Yes	15
8 9:30	.86		61.92	16.8	7.80	18	Yes	15
9 18:30	.93		66.96	17.0	7.80	18	Yes	15
10 8:30	.97		69.84	17.1	7.80	18	Yes	15
11 16:30	.91		65.52	17.9	7.80	18	Yes	15
12 16:30	.98		70.56	18.1	7.80	18	Yes	15
13 16:55	.96		69.12	18.0	7.80	18	Yes	15
14 16:55	.94		67.68	17.8	7.80	18	Yes	15
15 16:55	.91		65.51	17.5	7.80	18	Yes	15
16 14:25	.89		64.08	17.3	7.80	18	Yes	15
17 12:45	.92		66.24	17.0	7.80	18	Yes	15
18 12:25	.90		64.8	16.8	7.80	18	Yes	15
19 13:00	.94		67.68	16.5	7.80	18	Yes	15
20 17:00	.88		63.36	16.0	7.80	18	Yes	12
21 13:00	.76		54.72	16.3	7.80	18	Yes	12
22 10:00	1.10		79.92	16.0	7.80	18	Yes	12
23 15:00	1.08		77.76	16.1	7.80	18	Yes	12
24 11:30	1.05		75.6	16.5	7.80	18	Yes	12
25 /	NO TEST	RAN	- problem	with	plant			12
26 12:00	.88		63.36	16.9	7.80	18	Yes	12
27 18:00	.92		66.24	17.1	7.80	18	Yes	12
28 16:00	.89		64.08	17.9	7.80	18	Yes	12
29 15:00	.94		67.68	18.0	7.80	18	Yes	12
30 7:30	.70	↓	50.4	18.1	7.80	18	Yes	12
31 16:20	.76		54.72	18.2	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.dmcce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350