

**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: October 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				.02			.02
2				.04			.05
3				.02			.03
4				.03			.03
5				.04			.05
6				.03			.07
7				.03			.03
8				.03			.03
9				.04			.04
10				.04			.04
11				.04			.04
12				.04			.04
13		power			outage		
14				.05			.07
15				.05			.06
16				.05			.05
17				.06			.06
18				.06			.07
19				.06			.09
20				.06			.09
21				.07			.07
22				.08			.08
23				.08			.08
24				.08			.08
25				.08			.09
26				.08			.08
27				.08			.08
28				.08			.08
29				.08			.08
30		NO TEST - PLANT SHUTDOWN				BROKEN PIPE	
31		NO TEST - plant shutdown				broken pipe	

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Notes:	PRINTED NAME: <u>Jeff Burch</u>
	SIGNATURE: <u>[Signature]</u> DATE: <u>11-8-24</u>
	PHONE #: <u>503 816-0958</u> CERT #: <u>6091</u>

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: **TWA**

ID #:

WTP-:

Month/Year: **October 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 1/6/15	.98	72	70.56	16.0	7.80	18	Yes	12
2 1/6/15	.98		70.56	15.9	7.80	18	Yes	12
3 1/6/15	.96		69.12	15.8	7.80	18	Yes	12
4 1/7/15	.94		67.68	15.8	7.80	18	Yes	12
5 1/11/15	.93		66.96	15.7	7.80	18	Yes	12
6 1/19/15	.85		61.2	15.4	7.80	18	Yes	12
7 1/13/15	.89		64.08	15.5	7.80	18	Yes	12
8 1/11/15	.94		67.68	15.1	7.80	18	Yes	12
9 1/17/15	1.01		72.72	15.0	7.80	18	Yes	12
10 1/19/15	.98		70.56	15.3	7.80	18	Yes	12
11 1/20/15	1.00		72	15.3	7.80	18	Yes	12
12 1/11/15	.90		64.8	15.5	7.80	18	Yes	12
13 /	power			outage				
14 1/6/15	.87		62.64	15.0	7.80	18	Yes	12
15 1/21/15	.72		51.84	15.1	7.80	18	Yes	12
16 1/6/15	.80		57.6	15.0	7.80	18	Yes	12
17 1/7/15	.79		56.88	14.8	7.80	26	Yes	12
18 1/20/15	1.05		75.6	14.8	7.80	27	Yes	12
19 1/11/15	1.00		72	14.7	7.80	27	Yes	12
20 1/19/15	.99		71.28	14.6	7.80	27	Yes	12
21 1/3/15	1.00		72	14.5	7.80	27	Yes	10
22 1/7/15	1.03		74.64	14.1	7.80	27	Yes	10
23 1/15/15	.98		70.56	14.0	7.80	27	Yes	10
24 1/6/15	1.02		73.44	14.1	7.80	27	Yes	10
25 1/20/15	.78		56.16	14.0	7.80	27	Yes	10
26 1/21/15	.70		50.4	14.3	7.80	27	Yes	10
27 1/6/15	.73		52.56	14.5	7.80	27	Yes	10
28 1/6/15	.88		63.36	14.5	7.80	26	Yes	10
29 1/6/15	.82		59.04	14.7	7.80	26	Yes	10
30 /	NO TEST PLANT SHUTDOWN BROKEN PIPE							
31 /	NO TEST plant shutdown broken pipe							

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