

**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: November 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		NO TEST			plant pipe broken		
2		NO TEST			plant pipe broken		
3		NO TEST			plant pipe broken		
4		NO TEST			plant pipe broken		
5				.14			.14
6				.15			.15
7				.18			.18
8				.20			.20
9				.22			.23
10				.24			.26
11				.23			.24
12				.28			.29
13				.32			.32
14				.33			.33
15				.06			.06
16				.16			.16
17				.04			.04
18				.04			.04
19				.04			.04
20				.04			.04
21				.04			.04
22				.05			.05
23				.04			.04
24		power			sun a g		
25				.04			.04
26				.05			.05
27				.05			.05
28				.05			.05
29				.05			.05
30				.05			.05
31							

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="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
Notes:	PRINTED NAME: <u>Jeff Burch</u>	
	SIGNATURE: <u>Jeff Burch</u>	DATE: <u>12-5-24</u>
	PHONE #: <u>(503) 816-0958</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. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Twa

ID #: 4100898

WTP-:

Month/Year: November/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/	NO TEST							
2/	NO TEST							
3/	NO TEST							
4/	NO TEST							
5 6:00	.60		43.2	14.0	7.80	26	YES	10
6 6:00	.65		46.8	14.5	7.80	26	YES	10
7 6:00	.70		50.4	14.3	7.80	26	YES	10
8 10:00	.88		63.36	14.5	7.80	26	YES	10
9 16:30	.91		65.52	14.0	7.80	26	YES	10
10 14:20	.95		68.4	14.0	7.80	26	YES	10
11 4:35	.90		64.8	14.0	7.80	26	YES	10
12 4:45	.88		63.36	14.0	7.80	26	YES	10
13 16:20	.83		59.76	14.0	7.80	26	YES	10
14 16:05	.76		54.72	14.0	7.80	26	YES	10
15 4:35	.77		55.44	14.3	7.80	26	YES	10
16 4:15	.60		43.2	13.9	7.80	26	YES	10
17 4:25	.66		47.52	13.9	7.80	26	YES	10
18 9:00	.65		46.8	13.8	7.80	26	YES	10
19 15:00	.70		50.4	13.6	7.80	26	YES	10
20 15:30	.75		54	13.5	7.80	26	YES	10
21 15:30	.80		57.6	13.6	7.80	26	YES	10
22 16:00	.79		56.8	13.8	7.80	26	YES	10
23 15:30	.88		63.36	13.9	7.80	26	YES	10
24/	power							10
25 6:00	.72		50.4	14.0	7.80	26	YES	10
26 16:00	.70		50.4	14.1	7.80	26	YES	10
27 4:30	.77		55.44	14.0	7.80	26	YES	10
28 16:00	.79		56.88	13.3	7.80	26	YES	10
29 16:00	.83		59.76	13.1	7.80	26	YES	10
30 16:20	.89		64.08	13.0	7.80	26	YES	10
31/								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-all-unfiltered.pdf Revised November 2022

Return by 10th of following month by email, fax, or mail to:

owp: dmsc@ohw.oregon.gov; 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350