

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: February 2025

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				.07			.07
2				.07			.08
3				.08			.10
4				.08			.08
5				.08			.09
6				.09			.09
7				.08			.08
8				.08			.09
9				.03			.08
10				.03			.03
11				.03			.03
12				.05			.05
13				.05			.05
14				.03			.03
15				.03			.03
16				.04			.04
17				.04			.04
18				.04			.05
19				.05			.06
20				.06			.07
21				.06			.07
22				.07			.07
23				.09			.09
24				.09			.09
25		power			outage		
26				.10			.10
27				.11			.11
28				.12			.12
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 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	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Jeff Burch</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>3-10-25</u>
	PHONE #: <u>(563) 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 #: _____ WTP: _____ Month/Year: February 2025

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 16:00	.99	72	71.28	9.1	7.80	36	Yes	10
2 12:00	.89		64.08	9.5	7.80	35	Yes	10
3 16:05	.78		56.16	8.6	7.80	35	Yes	10
4 11:25	.82		59.04	8.1	7.80	35	Yes	10
5 16:15	.98		70.56	7.9	7.80	36	Yes	10
6 16:25	1.03		74.16	7.8	7.80	36	Yes	10
7 16:45	1.00		72	8.0	7.80	36	Yes	10
8 14:35	1.02		73.44	8.0	7.80	36	Yes	10
9 10:35	.94		67.68	9.8	7.80	36	Yes	10
10 16:30	.82		59.04	8.7	7.80	35	Yes	10
11 16:45	.89		64.08	9.0	7.80	35	Yes	10
12 12:00	.83		59.76	8.9	7.80	35	Yes	10
13 9:00	.90		64.8	8.1	7.80	35	Yes	10
14 10:00	.94		67.68	8.3	7.80	36	Yes	10
15 14:00	.98		70.56	8.8	7.80	36	Yes	10
16 16:00	.74		53.28	8.1	7.80	35	Yes	10
17 16:35	.78		56.16	8.6	7.80	35	Yes	10
18 16:45	.86		61.92	8.9	7.80	35	Yes	10
19 16:55	.80		57.60	9.3	7.80	35	Yes	10
20 11:55	.99		71.28	9.7	7.80	36	Yes	15
21 16:55	.98		70.56	10.2	7.80	27	Yes	15
22 17:05	.97		69.84	10.8	7.80	27	Yes	15
23 21:05	.89		64.08	12.9	7.80	26	Yes	15
24 15:15	.63		45.36	12.2	7.80	26	Yes	15
25 16:00	power			outage				
26 15:30	1.00		72	11.8	7.80	26	Yes	10
27 15:15	1.11		79.92	12.2	7.80	26	Yes	10
28 18:30	1.03		74.16	12.9	7.80	26	Yes	10
29 /								
30 /								
31 /								

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-all-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
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