

OHA - Drinking Water Program - Turbidity

County: Washington

System Name: Hillsboro-Cherry Grove

ID#: 41 00985-A

Month/Year: Aug-21

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1			0.10				0.10
2			0.10				0.10
3			0.10				0.10
4			0.10				0.10
5			0.11				0.11
6			0.11				0.11
7			0.11				0.11
8			0.11				0.11
9			0.11				0.11
10			0.11				0.11
11			0.11				0.11
12			0.11				0.11
13			0.11				0.11
14			0.11				0.11
15			0.12				0.12
16			0.12				0.12
17			0.13				0.13
18			0.12				0.12
19			0.11				0.11
20			0.10				0.10
21			0.11				0.11
22			0.11				0.11
23			0.09				0.09
24			0.09				0.09
25			0.09				0.09
26			0.09				0.09
27			0.08				0.08
28			0.10				0.10
29			0.10				0.10
30			0.10				0.10
31			0.08				0.08

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME:</b> David J. Norman		<b>Cert:</b> D-08/66
	<b>SIGNATURE:</b> <i>David J. Norman</i>		<b>DATE:</b> 8/31/21
	<b>PHONE #:</b> (503) 615-6700		

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form**

**System Name:** Hillsboro-Cherry Grove      **ID#: 41 00985-A**      **Month / Year:** Aug-21      **Disinfection Giardia Log Inactiv:** 1

Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	7:30	1.41	581	819	16.7	7.00	25.5	Yes	325
2	10:30	1.36	503	684	16.6	7.00	25.5	Yes	375
3	8:00	1.37	581	796	16.6	7.10	26.5	Yes	325
4	8:30	1.39	397	552	16.6	7.00	25.6	Yes	475
5	8:45	1.41	419	591	16.6	7.00	25.6	Yes	450
6	12:20	1.44	419	603	16.7	7.00	25.6	Yes	450
7	8:30	1.35	419	566	16.6	7.00	25.5	Yes	450
8	8:30	1.49	419	624	16.6	7.00	25.9	Yes	450
9	11:30	1.35	419	566	16.7	7.00	25.3	Yes	450
10	10:30	1.33	397	528	16.6	7.00	25.4	Yes	475
11	12:30	1.31	397	520	16.9	7.00	24.8	Yes	475
12	11:00	1.24	397	492	17.0	7.00	24.5	Yes	475
13	11:30	1.36	419	570	17.2	7.00	24.5	Yes	450
14	10:30	1.29	419	541	17.3	7.00	24.1	Yes	450
15	9:00	1.41	419	591	17.4	7.00	24.3	Yes	450
16	12:00	1.27	419	532	17.6	7.00	23.6	Yes	450
17	8:30	1.16	839	973	17.6	6.90	22.4	Yes	225
18	9:00	1.33	839	1116	17.6	7.10	24.7	Yes	225
19	11:00	1.52	839	1275	17.6	7.20	26.2	Yes	225
20	11:00	1.39	377	524	17.3	7.10	25.3	Yes	500
21	7:45	1.41	377	532	17.0	7.10	25.9	Yes	500
22	9:30	1.31	360	472	16.8	7.10	26.0	Yes	525
23	9:30	1.35	377	509	16.4	7.00	25.8	Yes	500
24	12:00	1.38	360	497	16.2	7.00	26.3	Yes	525
25	9:30	1.45	360	522	16.0	7.00	26.8	Yes	525
26	11:30	1.24	360	446	16.1	6.70	23.3	Yes	525
27	10:30	1.38	360	497	16.0	6.30	20.5	Yes	525
28	9:00	1.46	377	550	15.7	6.70	24.5	Yes	500
29	7:30	1.46	377	550	15.7	6.50	22.7	Yes	500
30	9:00	1.39	377	524	15.9	6.50	22.3	Yes	500
31	12:00	1.39	377	524	16.1	6.40	21.1	Yes	500

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised September 2013