

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: Feb-25

System Name:	Rainbow Rock Village MHP		ID#: 41 01062		WTP : TP -		
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		0.09	0.08			0.05	0.09
2	0.12	0.09			0.05		0.12
3			0.09	0.08			0.09
4	0.10	0.08	0.07			0.05	0.10
5			0.08	0.07			0.08
6	0.09	0.08	0.07			0.08	0.09
7			0.09	0.08			0.09
8		0.10	0.08				0.10
9		0.10	0.12	0.09			0.12
10				0.01	0.09	0.08	0.11
11		0.10	0.10			0.08	0.10
12				0.07	0.10		0.10
13		0.07	0.07	0.07			0.07
14		0.07	0.08				0.08
15				0.07	0.06	0.08	0.08
16		0.07	0.07	0.06			0.07
17		0.05	0.08	0.07			0.08
18		0.06	0.07		0.08	0.08	0.08
19				0.09			0.09
20	0.08	0.08			0.07	0.05	0.08
21			0.09	0.09			0.09
22		0.09	0.09			0.08	0.09
23		0.09	0.09		0.06		0.09
24			0.05	0.06	0.09		0.09
25	0.07	0.07			0.10	0.08	0.10
26				0.09	0.09		0.09
27			0.10				0.10
28		0.07	0.10	0.08			0.10
29							
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: Brenda L Vasquez	
	SIGNATURE: <i>Brenda L Vasquez</i>	DATE: 3-5-25
	PHONE #: (541) 254-1909	CERT #: T070226- D070226

¹ 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. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: Rainbow Rock Village MHP	ID#: 41 01062	Month/Year: Feb-25	Disinfection <i>Giardia</i> Log Inactive: 1
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Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	1.06	58	61.5	11.1	7.01	36.3	YES	4.16
2	0.98	58	56.8	11.7	7.03	34.9	YES	4.93
3	0.96	58	55.7	11.3	7.06	36.1	YES	4.58
4	0.9	58	52.2	11.6	7.00	34.4	YES	6.8
5	1.02	58	59.2	11.1	6.76	33.2	YES	4.37
6	1.03	58	59.7	10.9	6.77	33.8	YES	6.31
7	1.06	58	61.5	10.7	6.88	35.6	YES	4.93
8	1.02	58	59.2	10.9	6.91	35.4	YES	4.93
9	1	58	58.0	11.0	7.00	36.2	YES	5.2
10	1.03	58	59.7	11.3	7.03	36.0	YES	5.2
11	1.01	58	58.6	11.0	7.04	36.7	YES	4.51
12	1	58	58.0	11.3	7.00	35.5	YES	5.41
13	0.98	58	56.8	11.2	6.93	34.8	YES	5.28
14	0.75	58	43.5	11.0	6.89	33.9	YES	3.54
15	0.78	58	45.2	11.3	6.80	32.4	YES	3.47
16	1.03	58	59.7	11.6	6.93	34.1	YES	6.94
17	1.04	58	60.3	11.3	6.89	34.3	YES	4.16
18	1.08	58	62.6	11.5	6.84	33.5	YES	4.02
19	1.07	58	62.1	11.7	6.86	33.2	YES	2.7
20	1	58	58.0	11.9	6.88	32.8	YES	4.65
21	1.03	58	59.7	12.0	6.83	32.1	YES	3.05
22	1.06	58	61.5	12.3	6.88	32.2	YES	4.3
23	1.08	58	62.6	12.4	6.93	32.6	YES	3.75
24	1.03	58	59.7	12.6	6.90	30.9	YES	5.42
25	1	58	58.0	12.5	6.97	31.8	YES	5.07
26	0.98	58	56.8	12.0	6.70	30.6	YES	2.71
27	0.96	58	55.7	12.3	6.73	30.3	YES	2.43
28	0.9	58	52.2	12.4	6.77	30.3	YES	3.68
29								
30								
31								

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

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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