OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Curry

Month/Year: Jun-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	0.08	0.06			0.09	0.08	0.09
2		0.09	0.09			0.08	0.09
3	0.07			0.10	0.09		0.10
4			0.09	0.08			0.09
5	0.09	0.08			0.08		0.09
6			0.07	0.09	0.09		0.09
7		0.09	0.09			0.07	0.09
8	0.06			0.10	0.09		0.10
9		0.09	0.10				0.10
10	0.08	0.09			0.08	0.07	0.09
11				0.08	0.08		0.08
12			0.06	0.07			0.07
13		0.07	0.08			0.06	0.08
14	0.06			0.07	0.07		0.07
15			0.06	0.06			0.06
16		0.06	0.07	0.06			0.07
17				0.06	0.07		0.07
18			0.06	0.07			0.07
19	0.06	0.07			0.05		0.07
20			0.06	0.06			0.06
21				0.07	0.07		0.07
22		0.07	0.09			0.06	0.09
23				0.07	0.07		0.07
24		0.07	0.06			0.05	0.07
25				0.06	0.07		0.07
26		0.07	0.08				0.08
27	0.07		0.08	0.07			0.08
28			0.08	0.08			0.08
29	0.07	0.08				0.07	0.08
30			0.08	0.08			0.08
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 Cl2 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: Brenda L Vasquez **DATE:** 07-03-25

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

System Name:	**Rainbow Rock Village MHP**	**ID#: 41 01062**	**Month/Year:**	**May-25**	**WTP - :**	
					Disinfection *Giardia* Log Inactive:	1

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	0.91	58	52.8	17.3	6.91	22.3	YES	20
2	0.96	58	55.7	17.6	6.83	21.4	YES	20
3	0.93	58	53.9	17.5	6.89	21.9	YES	20
4	0.94	58	54.5	17.7	6.90	21.7	YES	20
5	0.93	58	53.9	17.4	6.92	22.3	YES	20
6	0.99	58	57.4	17.1	6.71	21.2	YES	20
7	0.94	58	54.5	17.0	6.72	21.3	YES	20
8	0.96	58	55.7	17.1	6.76	21.5	YES	20
9	0.88	58	51.0	15.7	6.97	25.4	YES	20
10	0.81	58	47.0	15.6	6.96	25.2	YES	20
11	0.89	58	51.6	14.1	6.76	26.1	YES	20
12	0.83	58	48.1	14.5	6.70	24.7	YES	20
13	0.88	58	51.0	14.0	6.74	26.1	YES	20
14	0.96	58	55.7	14.3	6.76	26.0	YES	20
15	0.93	58	53.9	14.6	6.73	25.1	YES	20
16	0.9	58	52.2	14.7	6.71	24.7	YES	20
17	0.96	58	55.7	17.6	6.77	20.9	YES	20
18	0.93	58	53.9	17.2	6.91	22.5	YES	20
19	0.9	58	52.2	17.6	6.96	22.3	YES	20
20	0.91	58	52.8	15.1	6.93	26.1	YES	20
21	0.93	58	53.9	15.3	6.98	26.3	YES	20
22	0.91	58	52.8	15.6	6.95	25.4	YES	20
23	0.88	58	51.0	15.0	6.97	26.6	YES	20
24	0.83	58	48.1	13.1	6.90	29.2	YES	20
25	0.86	58	49.9	17.1	6.93	22.7	YES	20
26	0.81	58	47.0	17.8	6.94	21.6	YES	20
27	0.89	58	51.6	17.7	6.90	21.6	YES	20
28	0.99	58	57.4	17.3	6.88	22.3	YES	20
29	0.96	58	55.7	17.4	6.86	21.9	YES	20
30	0.97	58	56.3	17.9	6.91	21.6	YES	20
31		58						

[3] If Cl_2 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