

### Oregon DHS - Drinking Water Services – Turbidity Monitoring Report Form

**System Name:** Rainbow Rock Services      **ID#** 41      01361      **Month/Year:** Feb / 2021

DAY	12:00 AM (NTU)	4:00 AM (NTU)	8:00 AM (NTU)	NOON (NTU)	4:00 PM (NTU)	8:00 PM (NTU)	Highest Reading of the Day <sup>1</sup> (NTU)	Peak Hourly Demand Flow (GPM)
1			0.04	0.03			0.04	20
2			0.09	0.03	0.03		0.09	20
3			0.11	0.03	0.03		0.11	20
4			0.09	0.03			0.09	20
5			0.13	0.03	0.03		0.13	20
6								
7								
8			0.11	0.03	0.03		0.11	20
9								
10			0.07	0.03	0.03		0.07	20
11			0.11	0.03	0.03		0.11	20
12								
13								
14								
15								
16			0.11	0.04	0.03		0.11	20
17			0.04	0.04	0.03		0.04	20
18			0.17	0.04	0.04		0.17	20
19			0.45				0.45	20
20			0.52	0.04	0.04		0.52	20
21								
22			0.05	0.04	0.04		0.05	20
23			0.14	0.04	0.04		0.14	20
24			0.13	0.04	0.04		0.13	20
25			0.08	0.04	0.04		0.08	20
26			0.06	0.55	0.04		0.55	20
27								
28								
29								
30								
31								

<p><b>Conventional or Direct Filtration Monthly Summary</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU?      94%      No</p> <p>All the 4-hour turbidity readings &lt; 1 NTU?      Yes</p> <p>All turbidity readings &lt; IFE triggers? <sup>2</sup>      YES</p> <p style="text-align: center;">- OR -</p> <p><b>Slow Sand/Cartridge/Membrane/DE Filtration</b></p> <p>95% of turbidity readings ≤ 1 NTU?      Yes / No</p> <p>All turbidity readings &lt; 5 NTU?      Yes / No</p> <p>Is there 4-log virus inactivation provided with    <input type="checkbox"/> Chlorine;    <input type="checkbox"/> Other _____      Yes / No</p>	<p><b>Monthly UV Summary (Circle Yes or No)</b></p> <p>Is any off-spec water produced in the month?      Yes / <u>No</u></p> <p>PRINTED NAME: <u>MARK HAGLUND</u></p> <p>SIGNATURE: <u>[Signature]</u>      DATE: <u>2/9/21</u></p> <p>PHONE #: <u>(541) 412-0424</u>      CERT #: <u>T-6161 FE</u></p> <p>CT<sub>Viral</sub>: Required = _____ Achieved = _____</p>
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<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes  
 WE HAVE Cl<sub>2</sub> AND U.V. - YES

<sup>2</sup> IFE = Individual Filter Effluent

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Curry

Filtration with UV *Giardia/Crypto* Disinfection

Month/Year: Feb-21

System Name: Rainbow Rock Services

WS ID #: 41-01361

Day	Turbidity							Viral CT's						
	12:00 AM [NTU]	4:00 AM [NTU]	8:00 AM [NTU]	NOON [NTU]	4:00 PM [NTU]	8:00 PM [NTU]	Highest NTU of the day <sup>1</sup>	Minimum Cl <sub>2</sub> Residual at 1st User C (mg/L) <sup>2</sup>	Contact Time (T) [minutes]	Actual CT CXT	Temp C	pH	Required CT Use Tables	Required CT Met? <sup>2</sup> (Yes / No)
1			0.04	0.03			0.04	0.54	71	38.34	11.8	6.77	6	Yes
2			0.09	0.03	0.03		0.09	0.43	71	30.53	11.5	6.83	6	Yes
3			0.11	0.03	0.03		0.11	0.40	71	28.40	11.5	7.28	6	Yes
4			0.09	0.03			0.09	0.44	71	31.24	11.3	7.66	6	Yes
5			0.13	0.03	0.03		0.13	0.41	71	29.11	11.3	7.52	6	Yes
6														
7														
8			0.11	0.03	0.03		0.11	0.43	71	30.53	12.2	7.53	6	Yes
9														
10			0.07	0.03	0.03		0.07	0.25	71	17.75	11.3	7.48	6	Yes
11			0.11	0.03	0.03		0.11	0.55	71	39.05	11.8	8.16	6	Yes
12														
13														
14														
15														
16			0.11	0.04	0.03		0.11	0.20	71	14.20	12.3	7.47	6	Yes
17			0.04	0.04	0.03		0.04	0.55	71	39.05	12.0	6.94	6	Yes
18			0.17	0.04	0.04		0.17	0.20	71	14.20	12.1	7.77	6	Yes
19			0.45				0.45	0.60	71	42.60	11.9	7.57	6	Yes
20			0.52	0.04	0.04		0.52	0.35	71	24.85	11.6	7.78	6	Yes
21														
22			0.05	0.04	0.04		0.05	0.45	71	31.95	13.1	7.53	6	Yes
23			0.14	0.04	0.04		0.14	0.35	71	24.85	12.1	7.49	6	Yes
24			0.13	0.04	0.04		0.13	0.39	71	27.69	11.2	7.58	6	Yes
25			0.08	0.04	0.04		0.08	0.25	71	17.75	11.6	7.64	6	Yes
26			0.06	0.55	0.04		0.55	0.25	71	17.75	12.6	7.77	6	Yes
27														
28														
29														
30														
31														

<p><b>Conventional or Direct Filtration</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>94%</i> Yes <del>No</del></p> <p>All the 4-hour turbidity readings &lt; 1 NTU? <del>Yes</del> No</p> <p>All turbidity readings &lt; IFE triggers? <del>Yes</del> No <sup>3</sup></p> <p>Monthly UV Summary (circle Yes or No)</p> <p>Was the volume of off-spec water produced less than 5% for the month? <del>Yes</del> No N/A</p>	<p><b>Monthly Summary (Circle Yes or No)</b></p> <p>Was CT's met everyday? <del>Yes</del> No</p> <p>All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/L? <del>Yes</del> No</p> <p>Phone #: <i>541 412 0424</i> Cert #: <i>T 6161 FE</i></p> <p>Date: <i>2/8/21</i></p> <p>Printed Name: <i>MARK HAGLUND</i></p> <p>Signature: <i>Mark Haglund</i></p>
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<sup>1</sup> If one NTU value per day measured, value same as Compliance Turbidity. Intended for multiple readings per day. Used for optimization efforts only.  
 Highest NTU of the day is for optimization, not compliance. Highest is only for stat-wide tracking of performance among all treatment systems.  
<sup>2</sup> If CT not met - see chart below or Cl<sub>2</sub> at entry point < 0.2 mg/L, notify DWS within 24 hours.  
<sup>3</sup> IFE = Individual Filter Effluent (OAE 333-061-0040(1)(e)(B&C))

Temp C	0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 - 24.9	≥ 25.0 C
Required CT	12	8	6	4	3	2

**Oregon DHS - Drinking Water Services – Surface Water Quality Data**

**County:** Curry

**System Name:** Rainbow Rock Services

**ID#** 41 01361

**Month/Year:** Feb / 2021

Minimum UVT [%] during month: -

Duty sensor variation from reference sensor %: -

Minimum Validated UVT : {Insert Req'd Value}

Min. UV Dose achieved/intended this month: 57.5 mJ/cm2

Date	Peak Hourly Demand Flow [gpm/unit]	Minimum Intensity [ <sup>mW</sup> /cm <sup>2</sup> ]	Minimum Dose [mJ/cm <sup>2</sup> ]	All Lamps On? [ Y or N ]	Daily Water Produced {A} [gal]	Water outside Validated Conditions {B} [gal]	Cumulative % Off-Spec Water Produced (Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1	20		64.4	Y	7405	0	0
2	20		64.8	Y	8078	0	0
3	20		64.0	Y	7555	0	0
4	20		64.3	Y	4413	0	0
5	20		62.7	Y	7330	0	0
6							
7							
8	20		62.8	Y	6358	0	0
9							
10	20		63.5	Y	7031	0	0
11	20		62.8	Y	8752	0	0
12							
13							
14							
15							
16	20		62.2	Y	7854	0	0
17	20		60.3	Y	6956	0	0
18	20		63.8	Y	6732	0	0
19	20		61.2	Y	822	0	0
20	20		60.8	Y	8901	0	0
21							
22	20		59.6	Y	8826	0	0
23	20		59.0	Y	9200	0	0
24	20		58.8	Y	8153	0	0
25	20		59.1	Y	6059	0	0
26	20		57.5	Y	6956	0	0
27							
28							
29							
30							
31							
Monthly Cumulative % Off-Spec Water Produced							0

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Signature: *M. N. Nylund*

Op Cert #: T-6161 FE

Date: 3/9/21