

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **CURRY**
 Month/Year: **Nov-23**

Conventional or Direct Filtration

System Name:	Rainbow Rock Service Association		ID#: 41	01361			WTP: TP -	A
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	POL	POL	POL	POL	POL	POL		
2	POL	POL	POL	POL	POL	POL		
3	POL	POL	POL	POL	POL	POL		
4	POL	POL	POL	POL	POL	POL		
5	POL	POL	POL	POL	POL	POL		
6	POL	POL	POL	POL	POL	POL		
7	POL	POL	POL	POL	POL	POL		
8	POL	POL	POL	POL	POL	0.06		0.06
9	0.06	0.05	0.05	0.05	0.04	POL		0.04
10	POL	POL	POL	POL	POL	POL		
11	POL	POL	POL	POL	POL	POL		
12	POL	POL	POL	POL	POL	POL		
13	POL	POL	POL	POL	POL	POL		
14	POL	POL	POL	POL	POL	POL		
15	POL	POL	POL	POL	POL	0.06		0.06
16	0.06	0.06	0.06	0.06	0.06	POL		0.06
17	POL	POL	POL	POL	POL	POL		
18	POL	POL	POL	POL	POL	POL		
19	POL	POL	POL	POL	POL	POL		
20	POL	POL	POL	POL	POL	POL		
21	POL	POL	0.06	0.06	0.05	POL		0.06
22	POL	POL	POL	POL	POL	POL		
23	POL	POL	POL	POL	POL	POL		
24	POL	POL	POL	POL	POL	POL		
25	POL	POL	POL	POL	POL	POL		
26	POL	POL	POL	POL	POL	POL		
27	POL	POL	POL	POL	POL	POL		
28	POL	POL	POL	POL	POL	POL		
29	POL	POL	POL	POL	POL	POL		
30	POL	POL	POL	POL	POL	POL		
31	POL	POL	POL	POL	POL	POL		

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
Notes:		PRINTED NAME: Jonathan Woody	
		SIGNATURE: <i>Jonathan Woody</i>	12-9-23 Nov-23
		PHONE #: (541) 643-6137	CERT #: 7232

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 - : A

System Name: Rainbow Rock Service Association ID#: 41 01361 Month/Year:

Disinfection *Giardia*
Log Inactiv:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	POL	71	POL	POL	POL	POL	POL	20
2	POL	71	POL	POL	POL	POL	POL	20
3	POL	71	POL	POL	POL	POL	POL	20
4	POL	71	POL	POL	POL	POL	POL	20
5	POL	71	POL	POL	POL	POL	POL	20
6	POL	71	POL	POL	POL	POL	POL	20
7	POL	71	POL	POL	POL	POL	POL	20
8	1.49	71	105.8	12.8	7.34	37.8	YES	20
9	1.64	71	116.4	12.5	8.40	57.9	YES	20
10	POL	71	POL	POL	POL	POL	POL	20
11	POL	71	POL	POL	POL	POL	POL	20
12	POL	71	POL	POL	POL	POL	POL	20
13	POL	71	POL	POL	POL	POL	POL	20
14	POL	71	POL	POL	POL	POL	POL	20
15	1.59	71	112.9	13.3	7.25	35.8	YES	20
16	1.51	71	107.2	13.7	7.40	36.5	YES	20
17	POL	71	POL	POL	POL	POL	POL	20
18	POL	71	POL	POL	POL	POL	POL	20
19	POL	71	POL	POL	POL	POL	POL	20
20	POL	71	POL	POL	POL	POL	POL	20
21	1.27	71	90.2	12.7	7.40	38.0	YES	20
22	POL	71	POL	POL	POL	POL	POL	20
23	POL	71	POL	POL	POL	POL	POL	20
24	POL	71	POL	POL	POL	POL	POL	20
25	POL	71	POL	POL	POL	POL	POL	20
26	POL	71	POL	POL	POL	POL	POL	20
27	POL	71	POL	POL	POL	POL	POL	20
28	0.91	71	64.6	10.9	7.35	40.7	YES	20
29	1.03	71	73.1	10.2	7.40	43.9	YES	20
30	POL	71	POL	POL	POL	POL	POL	20
31	POL	71	POL	POL	POL	POL	POL	20

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

Revised October 2013

Oregon DHS - Drinking Water Services – Surface Water Quality Data

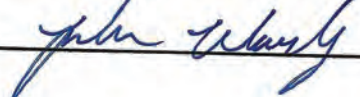
WTP: A County: Curry

System Name: Rainbow Rock Service Association ID# 41 01361 Month/Year: Nov / 2023
 Minimum UVT [%] during month: 42.8 Duty sensor variation from reference sensor %: 0%
 Minimum Validated UVT : 75%

Date	Peak Hourly Demand Flow [gpm/unit]	Minimum Intensity [^{mW} /cm ²]	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	POL	POL	POL	POL	0	
2	POL	POL	POL	POL	0	
3	POL	POL	POL	POL	0	
4	POL	POL	POL	POL	0	
5	POL	POL	POL	POL	0	
6	POL	POL	POL	POL	0	
7	POL	POL	POL	POL	0	
8	26	44	Y	8,568	0	
9	26	42.8	Y	22,032	0	
10	POL	POL	POL	POL	0	
11	POL	POL	POL	POL	0	
12	POL	POL	POL	POL	0	
13	POL	POL	POL	POL	0	
14	POL	POL	POL	POL	0	
15	26	64.6	Y	8,827	0	
16	26	64.4	Y	22,698	0	
17	POL	POL	POL	POL	0	
18	POL	POL	POL	POL	0	
19	POL	POL	POL	POL	0	
20	POL	POL	POL	POL	0	
21	26	65.6	Y	14,068	0	
22	POL	POL	POL	POL	0	
23	POL	POL	POL	POL	0	
24	POL	POL	POL	POL	0	
25	POL	POL	POL	POL	0	
26	POL	POL	POL	POL	0	
27	POL	POL	POL	POL	0	
28	26	62	Y	8,901	0	
29	26	61.7	Y	21,616	0	
30	POL	POL	POL	POL	0	
31	POL	POL	POL	POL	0	
Monthly Cumulative % Off-Spec Water Produced						0

rev 1/11 I:\MC\forms\Turbidity Report Form – UV and opt mod.doc

POL= Plant offline

Signature: 

Op Cert #: 7232

Date: 12-9-23