

OHA - Drinking Water Services -Turbidity Monitoring Report Form  
Conventional or Direct Filtration

County: CURRY  
Month/Year: Sep-24  
WTP : TP - A

System Name:	Rainbow Rock Service Association			ID#: 41	01361		Highest Reading of the Day <sup>1</sup> [NTU]
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1	POL	POL	POL	POL	POL	POL	
2	POL	POL	POL	POL	POL	POL	
3	POL	POL	POL	POL	POL	POL	0.07
4	POL	POL	0.07	0.06	0.06	0.06	0.06
5	0.06	0.06	POL	POL	POL	POL	
6	POL	POL	POL	POL	POL	POL	
7	POL	POL	POL	POL	POL	POL	
8	POL	POL	POL	POL	POL	POL	
9	POL	POL	POL	POL	POL	POL	
10	POL	POL	POL	POL	POL	0.08	0.08
11	POL	POL	POL	POL	POL	POL	0.08
12	0.08	0.07	0.07	0.07	POL	POL	
13	POL	POL	POL	POL	POL	POL	
14	POL	POL	POL	POL	POL	POL	
15	POL	POL	POL	POL	POL	POL	
16	POL	POL	POL	POL	POL	POL	
17	POL	POL	POL	POL	POL	POL	
18	POL	POL	POL	POL	POL	POL	0.08
19	POL	POL	0.08	0.07	0.07	0.07	
20	POL	POL	POL	POL	POL	POL	
21	POL	POL	POL	POL	POL	POL	
22	POL	POL	POL	POL	POL	POL	
23	POL	POL	POL	POL	POL	POL	0.08
24	POL	POL	POL	POL	0.08	0.07	0.07
25	0.07	0.06	0.07	0.07	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	

<b>Conventional or Direct Filtration</b> 95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes:		PRINTED NAME: Jonathan Woody SIGNATURE: <i>Jonathan Woody</i> PHONE #: ( 541 ) 643-6137 DATE: 10-9-24 CERT #: 7232	

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

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Rainbow Rock Service Association

ID#: 41

01361

Month/Year: Sep-24

WTP - : A

Disinfection *Giardia*  
Log Inactiv: 1

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	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	1.12	71	79.5	16.0	7.15	27.3	YES	20
5	1.47	71	104.4	14.7	7.17	31.2	YES	20
6	POL	71	POL	POL	POL	POL	POL	20
7	POL	71	POL	POL	POL	POL	POL	20
8	POL	71	POL	POL	POL	POL	POL	20
9	POL	71	POL	POL	POL	POL	POL	20
10	POL	71	POL	POL	POL	POL	POL	20
11	0.7	71	49.7	15.1	7.15	27.6	YES	20
12	1.19	71	84.5	15.5	7.20	29.0	YES	20
13	POL	71	POL	POL	POL	POL	POL	20
14	POL	71	POL	POL	POL	POL	POL	20
15	POL	71	POL	POL	POL	POL	POL	20
16	POL	71	POL	POL	POL	POL	POL	20
17	POL	71	POL	POL	POL	POL	POL	20
18	POL	71	POL	POL	POL	POL	POL	20
19	1.3	71	92.3	14.7	7.18	30.7	YES	20
20	POL	71	POL	POL	POL	POL	POL	20
21	POL	71	POL	POL	POL	POL	POL	20
22	POL	71	POL	POL	POL	POL	POL	20
23	POL	71	POL	POL	POL	POL	POL	20
24	0.8	71	56.8	16.3	7.09	25.2	YES	20
25	1.8	71	127.8	14.8	7.16	32.1	YES	20
26	POL	71	POL	POL	POL	POL	POL	20
27	POL	71	POL	POL	POL	POL	POL	20
28	POL	71	POL	POL	POL	POL	POL	20
29	POL	71	POL	POL	POL	POL	POL	20
30	POL	71	POL	POL	POL	POL	POL	20
31		71						20

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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

System Name: Rainbow Rock Service Association ID# 41 01361 Month/Year: Sep / 2024  
 Minimum UVT [%] during month: 88 Duty sensor variation from reference sensor %: 0%  
 Minimum Validated UVT: 75%

Date	Peak Hourly Demand Flow [gpm/unit]	Minimum Intensity [ <sup>mW</sup> /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	POL	POL	POL	POL	0	
2	POL	POL	POL	POL	0	
3	POL	POL	POL	POL	0	
4	26	58.4	Y	20,754	0	
5	26	56.7	Y	6,918	0	
6	POL	POL	POL	POL	0	
7	POL	POL	POL	POL	0	
8	POL	POL	POL	POL	0	
9	POL	POL	POL	POL	0	
10	POL	POL	POL	POL	0	
11	26	57.2	Y	7,242	0	
12	26	56.4	Y	18,708	0	
13	POL	POL	POL	POL	0	
14	POL	POL	POL	POL	0	
15	POL	POL	POL	POL	0	
16	POL	POL	POL	POL	0	
17	POL	POL	POL	POL	0	
18	POL	POL	POL	POL	0	
19	26	55.1	Y	15,899	0	
20	POL	POL	POL	POL	0	
21	POL	POL	POL	POL	0	
22	POL	POL	POL	POL	0	
23	POL	POL	POL	POL	0	
24	26	56.9	Y	10,004	0	
25	26	56.2	Y	15,269	0	
26	POL	POL	POL	POL	0	
27	POL	POL	POL	POL	0	
28	POL	POL	POL	POL	0	
29	POL	POL	POL	POL	0	
30	POL	POL	POL	POL	0	
31					0	
Monthly Cumulative % Off-Spec Water Produced						0

POL= Plant offline

Signature: *[Signature]*

Op Cert #: 7232

Date: 10-9-24