

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

County: **CURRY**  
 Month/Year: **Nov-24**

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 <sup>1</sup> [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	0.08	0.06	0.06	0.06	0.08
7	0.05	0.05	POL	POL	POL	POL	0.05
8	POL	POL	POL	POL	POL	POL	
9	POL	POL	POL	POL	POL	POL	
10	POL	POL	POL	POL	POL	POL	
11	POL	POL	POL	POL	POL	POL	
12	POL	POL	0.06	0.07	0.06	POL	0.07
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	0.08	0.08
19	POL	POL	POL	POL	POL	POL	
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	
24	POL	POL	POL	POL	POL	POL	
25	POL	POL	POL	POL	POL	POL	
26	POL	POL	POL	POL	POL	POL	
27	POL	POL	0.13	0.24	POL	POL	0.24
28	POL	POL	POL	POL	POL	POL	
29	POL	POL	POL	POL	0.10	0.05	0.10
30	0.06	0.08	0.12	POL	POL	POL	0.12
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="radio"/> Yes / <input type="radio"/> No	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
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		

Notes:	PRINTED NAME: Jonathan Woody
	SIGNATURE: <i>Jonathan Woody</i> DATE: 12-9-2024
	PHONE #: ( 541 ) 643-6137      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

WTP - : A

System Name: Rainbow Rock Service Association ID#: 41 01361 Month/Year: Nov-24 Disinfection *Giardia* Log Inactiv: 1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[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	1.62	71	115.0	13.1	7.25	36.4	YES	20
7	1.66	71	117.9	11.5	7.22	40.7	YES	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	POL	71	POL	POL	POL	POL	POL	20
12	1.38	71	98.0	13.5	7.57	38.8	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	0.79	71	56.1	12.4	7.20	34.6	YES	20
19	POL	71	POL	POL	POL	POL	POL	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	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	1.38	71	98.0	12.5	7.22	36.5	YES	20
28	POL	71	POL	POL	POL	POL	POL	20
29	1.44	71	102.2	11.7	7.28	40.0	YES	20
30	1.56	71	110.8	10.3	7.22	43.5	YES	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:** Nov / 2024

Minimum UVT [%] during month: 88

Duty sensor variation from reference sensor %: 0%

Minimum Validated UVT : 75%

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced (Mo. Sum {B}) + (Mo. Sum {A}) * 100 [%]
	[gpm/unit]	[ <sup>mW</sup> /cm <sup>2</sup> ]	[ Y or N ]	[gal]	[gal]	
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	26	57.7	Y	19,244	0	
7	26	59.1	Y	7,924	0	
8	POL	POL	POL	POL	0	
9	POL	POL	POL	POL	0	
10	POL	POL	POL	POL	0	
11	POL	POL	POL	POL	0	
12	26	57.2	Y	11,353	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	26	59.9	Y	7,199	0	
19	POL	POL	POL	POL	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	POL	POL	POL	POL	0	
25	POL	POL	POL	POL	0	
26	POL	POL	POL	POL	0	
27	26	53.2	Y	8,377	0	
28	POL	POL	POL	POL	0	
29	26	59	Y	9,240	0	
30	26	59.6	Y	13,044	0	
31					0	
<b>Monthly Cumulative % Off-Spec Water Produced</b>						<b>0</b>

Signature: 

Op Cert #: 7232

Date: 12-9-2024