low Sand	Drinking Wat	Month/Year:	21-Nov						
em Name:	Membrane, Diatomaceous Earth Fi Row River Valley Water District			ID#: 41	01515		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	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
5	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
7	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
9	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
11	0.03	0.03	0.03	0.04	0.04	0.04	0.04	0.04	
12	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
13	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
14	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
15	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
16	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
17	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
18	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
			tion/Unfilte	ered		Monthly Su	mmary (Answer Yes o	r No)	
Slow Sand/Membrane/DE Filtration/Unfiltered  95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> Yes / No					CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0,2 mg/l?		
All dai	ly turbidity read	dings ≤ 5 NT	U?	Yes / No	Ye	s / No	Yes	I NO	
Notes:						James D Eckstine			
					SIGNATURE: Jan Dan			12-6-7	
					541-946-1655			T08619	

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. 

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System Name:	Drinking Water Services - Surface Water Quality Data Form  Row River Water Dis ID#: 41 01515 Month/Year: 21-Oct						WTP-: Disinfection Glardia Log	A
yourn reame:	KOW KIVER		IU#: 41	01515	Month/Year	21-Oct	Inactiv;	1.0
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pН	Required CT	CT Met? 3	Peak Hourly Deman
	[ppm or mg/t	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	1.27	1185	1505.0	13.0	7.22	34.8	Yes	230
2	1.3	1185	1540.5	13.0	7.20	34.7	Yes	230
3	1.21	1185	1433.9	12.0	7.19	37.1	Yes	230
4	1.24	1185	1469.4	12.0	7.20	37.3	Yes	230
5	1.26	1185	1493.1	12.0	7.18	37.1	Yes	230
6	1.24	1185	1469.4	12.0	7.19	37.2	Yes	230
7	1.19	1185	1410.2	11.0	7.18	39.3	Yes	230
8	1.1	1185	1303.5	11.0	7.17	38.8	Yes	230
9	1.07	1185	1268.0	10.0	7.18	41.4	Yes	230
10	1.41	1185	1670.9	10.0	7.23	43.8	Yes	230
11	1.59	1185	1884.2	10.0	7.24	44.8	Yes	230
12	1.57	1185	1860.5	9.0	7.25	48.0	Yes	230
13	1.41	1185	1670.9	9.0	7.24	46.9	Yes	230
14	1.39	1185	1647.2	10.0	7.23	43.7	Yes	230
15	1.36	1185	1611.6	10.0	7.21	43.2	Yes	230
16	1.33	1185	1576.1	10.0	7.22	43.2	Yes	230
17	1.32	1185	1564.2	10.0	7.21	43.0	Yes	230
18	1.33	1185	1576.1	10.0	7.21	43.1	Yes	230
19	1.34	1185	1587.9	10.0	7.21	43.1	Yes	230
20	1.3	1185	1540.5	10.0	7.21	42.9	Yes	230
21	1.32	1185	1564.2	10.0	7.22	43.2	Yes	230
22	1.3	1185	1540.5	11.0	7.24	40.6	Yes	230
23	1.25	1185	1481.3	11.0	7.25	40.6	Yes	230
24	1.22	1185	1445.7	11.0	7.25	40.4	Yes	230
25	1.27	1185	1505.0	11.0	7.27	40.9	Yes	230
26	1.47	1185	1742.0	10.0	7.27	44.7	Yes	230
27	1.46	1185	1730.1	11.0	7.26	41.7	Yes	230
28	1.47	1185	1742.0	11.0	7.24	41.4	Yes	230
29	1.45	1185	1718.3	12.0	7.25	38.9	Yes	230
30	1.4	1185	1659.0	11.0	7.22	40.8	Yes	230
31	1.42	1185	1682.7	11.0	7.23	41.0	Yes	230

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

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350
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