

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Little River Christian ID #: 4190476 WTP: A Month/Year: August 2022

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			0.308				0.308
2			0.264				0.264
X 3							
4			0.277				0.277
X 5							
X 6							
X 7							
X 8							
9			0.247				0.247
10			0.241				0.241
11			0.229				0.229
12			0.228				0.228
X 13							
X 14							
X 15							
X 16							
X 17							
X 18							
X 19							
X 20							
X 21							
X 22							
X 23							
24							
25							
26							
27							
28							
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Nolan Grant</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>09-01-22</u>
	PHONE #: <u>(541) 2-496-3239</u>	CERT #:

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services -- Surface Water Quality Data Form

System Name: Little River Christian

ID #: 4770476 WTP: A

Month/Year: August 2022

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /	0.4	110	44	20.5	7.02	10	YES	
2 /	0.4	110	44	20.6	6.95	9	YES	
X 3 /								
4 /	0.3	110	33	20.1	7.01	10	YES	
X 5 /								
X 6 /								
X 7 /								
X 8 /								
9 /	0.3	110	33	20.1	7.04	10	YES	
10 /	0.4	110	44	20.9	6.96	9	YES	
11 /	0.4	110	44	22.7	6.90	9	YES	
12 /	0.4	110	44	20.3	6.94	9	YES	
X 13 /								
X 14 /								
X 15 /								
X 16 /								
X 17 /								
X 18 /								
X 19 /								
X 20 /								
X 21 /								
X 22 /								
X 23 /								
24 /								
25 /								
26 /								
27 /								
28 /								
29 /								
30 /								
31 /								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Revised September 2016
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

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