

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

System Name: Little River Christian ID #: 410A76 WTP: A Month/Year: Sept. 22

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				0.286			
2							
3							
4							
5							
6							
7							
8							
9							
10				0.290			
11				0.265			
12				0.271			
13							
14							
15							
16							
17							
18							
19							
20							
21				0.272			
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Notes:</b>	PRINTED NAME: <u>Nellie Grant</u>	
	SIGNATURE: <u>Nelly</u>	DATE: <u>10-04-22</u>
	PHONE #: <u>(971) 282-7666</u>	CERT #:

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: *Little River Christian Camp* ID #: *4110476* WTP: *A* Month/Year: *9-22*

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
1 /	0.4	110	44	20.1	7.02	9	yes	
2 /								
3 /								
4 /								
5 /								
6 /								
7 /								
8 /								
9 /								
10 /	0.4	110	44	20.1	7.01	9	yes	
11 /	0.4	110	44	20.2	7.01	9	yes	
12 /	0.4	110	44	19.7	7.00	12	yes	
13 /								
14 /								
15 /								
16 /								
17 /								
18 /								
19 /								
20 /								
21 /								
22 /	0.3	110	33	20.5	7.04	9	yes	
23 /								
24 /								
25 /								
26 /								
27 /								
28 /								
29 /								
30 /								
31 /								

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350