

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

System Name: Little River Christian Camp ID #: 4190476 WTP: A Month/Year: May 2023

	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]
X	1							
X	2							
X	3							
X	4							
	5				0.228			0.228
	6				0.241			0.241
X	7							
X	8							
X	9							
X	10							
X	11							
X	12							
X	13							
X	14							
X	15							
X	16							
X	17							
	18				0.315			0.315
	19				0.308			0.308
	20				0.320			0.320
	21				0.277			0.277
	22				0.247			0.247
	23				0.250			0.250
	24				0.281			0.281
	25				0.280			0.280
	26				0.270			0.270
	27				0.275			0.275
	28				0.240			0.240
	29				0.270			0.270
X	30							
X	31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> <b>Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <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 Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b>	PRINTED NAME: <u>Nolan Grant</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>06-01-2023</u>
	PHONE #: <u>(541) 496-3239</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 #: 4190476 WTP-: A

Month/Year: May 2023

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]
X 1/								
X 2/								
X 3/								
X 4/								
5/	0.4	110	44	19.1	7.01	14	yes	
6/	0.4	110	44	18.8	6.94	12	yes	
X 7/								
X 8/								
X 9/								
X 10/								
X 11/								
X 12/								
X 13/								
X 14/								
X 15/								
X 16/								
X 17/								
18/	0.3	110	33	19.5	6.90	12	yes	
19/	0.4	110	44	19.6	7.04	14	yes	
20/	0.4	110	44	18.7	6.96	12	yes	
21/	0.3	110	33	18.9	6.90	12	yes	
22/	0.3	110	33	19.1	6.97	12	yes	
23/	0.3	110	33	18.8	6.89	12	yes	
24/	0.4	110	44	18.3	7.02	14	yes	
25/	0.3	110	33	18.4	7.04	14	yes	
26/	0.3	110	33	19.1	6.94	12	yes	
27/	0.2	110	22	18.9	6.88	12	yes	
28/	0.3	110	33	18.9	7.01	14	yes	
29/	0.4	110	44	19.1	7.04	14	yes	
X 30/								
X 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350