

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: July/24

System Name: <u>Little River Christian</u>		ID# <u>41 10476</u>	WTP ID: <u>A</u>			
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
X	1					
X	2					
X	3					
X	4					
X	5					
X	6					
X	7					
X	8					
X	9				0.228	0.228
X	10				0.241	0.241
X	11				0.229	0.229
X	12				0.264	0.264
X	13				0.277	0.277
X	14				0.247	0.247
X	15				0.308	0.308
X	16				0.270	0.270
X	17				0.281	0.281
X	18				0.302	0.302
X	19					
X	20					
X	21				0.243	0.243
X	22				0.226	0.226
X	23				0.230	0.230
X	24				0.222	0.222
X	25					
X	26					
X	27					
X	28					
X	29					
X	30					
X	31					

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: <u>Nolan Grant</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>07-19-24</u>
	PHONE #: <u>(971) 282-7866</u>	CERT #:

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: July 24

System Name: Little River Christian		ID# 4190476		WTP - A				
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/								
2/								
3/								
4/								
5/								
6/								
7/								
8/								
9/	0.4	110	44	20.3	6.94	9	YES	
10/	0.3	110	33	20.1	7.04	10	YES	
11/	0.3	110	33	20.9	6.96	9	YES	
12/	0.3	110	33	22.7	6.90	9	YES	
13/	0.4	110	44	20.6	6.95	9	YES	
14/	0.4	110	44	20.5	7.02	10	YES	
15/	0.3	110	33	21.7	6.91	9	YES	
16/	0.3	110	33	21.5	6.93	9	YES	
17/	0.4	110	44	20.4	6.89	9	YES	
18/	0.3	110	33	20.5	6.95	9	YES	
19/								
20/								
21/	0.4	110	44	22.3	7.01	10	YES	
22/	0.4	110	44	21.9	7.05	10	YES	
23/	0.3	110	33	21.7	6.97	9	YES	
24/	0.4	110	44	22.1	6.99	9	YES	
25/								
26/								
27/								
28/								
29/								
30/								
31/								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised November 2022
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

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