

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: August/24

System Name: Little river christian ID# 4190476 WTP ID: A

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						
5					0.300	0.300
6					0.290	0.290
7					0.295	0.295
8					0.289	0.289
9					0.279	0.279
X 10						
X 11						
12					0.295	0.295
13					0.292	0.293
14					0.285	0.285
15					0.290	0.290
16					0.295	0.295
17					0.301	0.301
18					0.305	0.305
X 19						
X 20						
X 21						
X 22						
X 23						
X 24						
X 25						
X 26						
X 27						
X 28						
X 29						
X 30						
X 31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>Noian Grant</u>		DATE: <u>09-19-24</u>
	SIGNATURE: <u>[Signature]</u>		CERT #:
	PHONE #: <u>(771) 282-7666</u>		

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: August 24

System Name: Little River Christian Camp		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]
X 1/								
X 2/								
X 3/								
X 4/								
5/	0.3	110	33	20.1	6.98	9	Yes	
6/	0.3	110	33	20.4	7.02	10	Yes	
7/	0.4	110	44	21.2	7.02	10	Yes	
8/	0.4	110	44	20.9	6.95	9	Yes	
9/	0.4	110	44	20.4	6.90	9	Yes	
10/								
11/								
12/	0.3	110	33	21.3	7.04	10	Yes	
13/	0.3	110	33	21.4	6.99	9	Yes	
14/	0.3	110	33	20.8	6.90	9	Yes	
15/	0.4	110	44	20.0	6.95	9	Yes	
16/	0.3	110	33	20.9	6.93	9	Yes	
17/	0.4	110	44	21.4	6.97	9	Yes	
18/	0.3	110	33	20.7	7.01	10	Yes	
19/								
20/								
21/								
22/								
23/								
24/								
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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