

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: SEP. 24

System Name: <u>Little River Christian</u>		ID# <u>4190476</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]
1						
2						
3						
4						
5						
6					0.271	0.271
7					0.280	0.280
8					0.276	0.276
9					0.293	0.293
10						
11						
12						
13						
14						
15						
16						
17						
18						
19					0.305	0.305
20					0.300	0.300
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?		CT's met everyday? (see back) Yes/No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes/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>	DATE: <u>10-02-24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(971) 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: SEP. 24

System Name: <u>LITTLE RIVER CHRISTIAN</u>		ID# <u>4190476</u>		WTP - <u>A</u>				
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/	0.3	110	33	22.1	7.02	10	YES	
7/	0.3	110	33	20.7	6.75	9	YES	
8/	0.4	110	44	20.5	6.90	9	YES	
9/	0.3	110	33	20.9	6.93	9	YES	
10/								
11/								
12/								
13/								
14/								
15/								
16/								
17/								
18/								
19/	0.4	110	44	21.2	6.88	9	YES	
20/	0.4	110	44	20.9	6.91	9	YES	
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