

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: Tilikum Retreat Center ID #: 4191967

Month/Year: January, 2020

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)	
1									
2							0.11	5.5	
3							0.09		
4	Offline							0.08	
5	Offline								
6							0.09		
7							0.09		
8	Offline							0.10	
9	Offline								
10	Offline								
11	Offline								
12							0.19		
13							0.14		
14							0.15		
15							0.17		
16							0.17		
17	Offline							0.13	
18	Offline								
19	Offline								
20	Offline								
21	Offline								
22	Offline								
23	Offline								
24	Offline								
25							0.44		
26							0.39		
27							0.37		
28							0.37		
29							0.27		
30	Offline							0.27	
31							0.21		

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE triggers? <input type="checkbox"/> Yes / <input type="checkbox"/> No ¹	Monthly Summary (Answer Yes or No) CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <small>(see back)</small> All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
- OR -			
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PRINTED NAME: <u>Patrick Schmidt</u> SIGNATURE: <u>[Signature]</u>		DATE: <u>02/04/21</u>
PHONE #: <u>(541) 905-9926</u>		CERT #:	

¹ IFE = Individual Filter Effluent

Oregon DHS - Drinking Water Program - Surface Water Quality Data Form

System Name: Tillamook Retreat Center

ID #: 4191967

Month/Year: January, 2020

January, 2020

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ppm or mg/L	Contact Time (T) minutes	Actual CT CXT	Temp °C	pH	Required CT	CT Met?
						Use tables	Yes / No
1 / 5:15 p	0.8	210	168	7.9	7.2	58	Yes
2 / 3:40 p	0.7		147	8.4	7.2	57	
3 / 8:00 p	0.8		168	8.3	7.2	58	
4 / OFFLINE							
5 / 3:30 p	0.6		126	8.1	7.2	57	
6 / 4:40 p	0.6		126	8.4	7.2	57	
7 / 5:05 p	0.7		147	8.6	7.2	58	
8 / OFFLINE							
9 / OFFLINE							
10 / OFFLINE							
11 / 9:00 a	0.8		168	7.6	7.2	58	
12 / 6:20 p	1.0		210	10.0	7.1	60	
13 / 8:00 p	1.0		210	8.3	7.1	60	
14 / 11:00 p	1.0		210	8.5	7.1	60	
15 / 5:20 p	1.0		210	9.1	7.1	60	
16 / 12:30 p	1.0		210	9.3	7.1	60	
17 / OFFLINE							
18 /							
19 /							
20 /							
21 /							
22 /							
23 / OFFLINE							
24 / 5:20 p	1.0		210	6.0	7.2	60	
25 / 1:45 p	1.0		210	7.1	7.0	50	
26 / 5:45 p	1.1		231	5.8	7.0	50	
27 / 4:05 p	1.2		252	5.3	7.0	51	
28 / 3:25 p	1.1		231	7.9	7.0	50	
29 / 4:30 p	1.2		252	7.4	7.0	51	
30 / OFFLINE							
31 / 9:30 a	0.9	✓	189	8.4	7.0	50	✓