

## Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: Tilikum Retreat Center ID #: 4191967 Month/Year: December, 2021

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							0.14	5.5	
2							0.09		
3	Offline								
4	Offline								
5							0.17		
6							0.18		
7							0.17		
8							0.16		
9							0.14		
10							0.15		
11							0.14		
12							0.19		
13							0.14		
14							0.14		
15							0.14		
16	Offline								
17	Offline								
18							0.16		
19	Offline								
20							0.22		
21							0.19		
22	Offline								
23							0.23		
24	Offline								
25							0.16		
26							0.15		
27	Offline								
28	Offline								
29							0.17		
30							0.14		
31	Offline								

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>		
95% of turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?	Cl <sub>2</sub> residual measured in 95% of distribution samples?
All turbidity readings < 1 NTU?	Yes / No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE triggers?	Yes / No <sup>1</sup>			
- OR -		PRINTED NAME: <u>Patrick Schmidt</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b>		SIGNATURE: <u>Patrick Schmidt</u>	DATE: <u>1/10/22</u>	
95% of turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 905-9926</u>	CERT #:	
All turbidity readings < 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			

<sup>1</sup> IFE = Individual Filter Effluent

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

System Name: Tillamook Retreat Center ID #: 4191967 Month/Year: December, 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1 / 5:10p	0.9	210	189	16.0	7.8	54	Yes
2 / 1:20p	1.0		210	15.9	8.0	54	
3 / OFFline							→
4 / OFFline							→
5 / 9:30p	1.0		210	13.0	7.7	54	
6 / 1:30p	1.0		210	13.0	7.8	54	
7 / 5:30p	0.9		189	12.8	7.7	54	
8 / 9:30p	0.9		189	12.4	7.7	54	
9 / 4:45p	0.9		189	12.6	7.7	54	
10 / 6:20p	1.0		210	12.7	7.8	54	
11 / 6:45p	0.9		189	12.6	7.8	54	
12 / 4:25p	0.9		189	12.8	7.8	54	
13 / 6:45p	1.0		210	12.7	7.8	54	
14 / 7:30p	1.0		210	11.9	7.7	54	
15 / 8:00p	1.0		210	11.6	7.8	54	
16 / OFFline							→
17 / OFFline							→
18 / 5:50p	1.0		210	12.4	7.8	54	
19 / OFFline							→
20 / 6:00p	1.0		210	12.0	7.7	54	
21 / 4:20p	1.0		210	12.0	7.8	54	
22 / OFFline							→
23 / 10:30p	1.0		210	12.0	7.7	54	
24 / OFFline							→
25 / 7:00p	1.0		210	11.3	7.7	54	
26 / 5:20p	1.0		210	10.6	7.8	54	
27 / OFFline							→
28 / OFFline							→
29 / 5:25p	0.9		189	9.5	7.7	72	
30 / 5:45p	1.0		210	9.7	7.7	72	
31 / OFFline							→