

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

System Name: Tilikum Retreat Center ID #: 41 91967 Month/Year: October 2024

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	offline							5.5
2							.17	
3	off							
4	off							
5	off							
6	off							
7	off							
8							.30	
9	off							
10	off							
11							.25	
12							.24	
13							.25	
14	off							
15							.23	
16							.22	
17	off							
18	off							
19	off							
20	off							
21	off							
22	off							
23							.36	
24	off							
25	off							
26	off							
27	off							
28	off							
29	off							
30	off							
31								

<b>Conventional or Direct Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>		
95% of turbidity readings ≤ 0.3 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl <sub>2</sub> residual measured in 95% of distribution samples? <input checked="" 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 <sup>1</sup>			
- OR -	PRINTED NAME: <u>Justin Adsit</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b>	SIGNATURE: <u>Justin Adsit</u>	DATE: <u>11-9-24</u>	
95% of turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 224 2822</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:

*Tilikum Retreat Center*

ID #: 41 *91967*

Month/Year: *October 2024*

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/		<i>210</i>					
2/	<i>0.4</i>		<i>84</i>	<i>15</i>	<i>7.8</i>	<i>33</i>	
3/							
4/							
5/							
6/							
7/							
8/	<i>0.6</i>		<i>126</i>	<i>16.7</i>	<i>7.8</i>	<i>34</i>	
9/							
10/							
11/	<i>0.8</i>		<i>168</i>	<i>14.4</i>	<i>7.6</i>	<i>53</i>	
12/	<i>0.8</i>		<i>168</i>	<i>13.9</i>	<i>7.6</i>	<i>53</i>	
13/	<i>0.8</i>		<i>168</i>	<i>15.1</i>	<i>7.7</i>	<i>35</i>	
14/							
15/	<i>0.8</i>		<i>168</i>	<i>14.7</i>	<i>7.8</i>	<i>53</i>	
16/	<i>0.8</i>		<i>168</i>	<i>13.6</i>	<i>7.8</i>	<i>53</i>	
17/							
18/							
19/							
20/							
21/							
22/							
23/	<i>1.0</i>		<i>210</i>	<i>12.3</i>	<i>7.2</i>	<i>45</i>	
24/							
25/							
26/							
27/							
28/							
29/							
30/							
31/							