

**OHA - Drinking Water Program – Turbidity Monitoring Report Form County:  
Cartridge or Bag Filtration**

**System Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **WTP-:** \_\_\_\_\_ **Month/Year:** *November 2022*

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1					.33	
2					.36	
3					.34	
4					.29	
5					.28	
6					.32	
7					.31	
8					.34	
9					.30	
10					.31	
11					.31	
12					.28	
13					.27	
14					.30	
15					.25	
16					.24	
17					.21	
18					.26	
19					.26	
20					.29	
21					.27	
22					.26	
23					.22	
24					.24	
25					.20	
26					.22	
27					.25	
28					.23	
29					.25	
30					.27	
31						

**RECEIVED**  
DEC 07 2022  
Data Mgmt & Compliance  
Drinking Water Program

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b> 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.	<b>PRINTED NAME:</b> <i>TJ WISKY</i>		<b>DATE:</b> <i>11-30-2022</i>
	<b>SIGNATURE:</b> <i>TJ Wisky</i>		<b>CERT #:</b>
	<b>PHONE #:</b> <i>(541) 265-8761</i>		

## OHA - Drinking Water Program – Surface Water Quality Data Form

System Name: Mad Dog Country Tavern

ID #: CR4192052

WTP: WTP-A Month/Year: November 2022

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
11	1.21	71	121	18.1	7.7	24	yes	5
21	.91	71	91	15.6	7.7	27	yes	5
31	.71	71	71	15.5	7.7	27	yes	5
41	1.66	71	66	17.3	7.2	24	yes	5
51	.53	71	53	16.9	7.7	22	yes	5
61	.42	71	42	16.5	7.7	22	yes	5
71	.70	71	70	15.3	7.2	26	yes	5
81	.88	71	88	15.0	7.2	27	yes	5
91	.91	71	91	13.3	7.2	32	yes	5
101	1.12	71	112	14.6	7.2	30	yes	5
111	1.45	71	145	15.1	7.2	29	yes	5
121	1.81	71	181	14.8	7.2	33	yes	5
131	2.20	71	220	15.0	7.2	30	yes	5
141	2.20	71	220	14.5	7.2	33	yes	5
151	2.20	71	220	14.1	7.2	33	yes	5
161	2.20	71	220	14.6	7.2	33	yes	5
171	2.20	71	220	13.9	7.2	36	yes	5
181	2.20	71	220	13.9	7.2	36	yes	5
191	2.20	71	220	13.7	7.2	36	yes	5
201	2.20	71	220	14.0	7.2	33	yes	5
211	2.20	71	220	14.2	7.2	33	yes	5
221	2.20	71	220	14.7	7.2	33	yes	5
231	2.20	71	220	15.4	7.2	30	yes	5
241	2.20	71	220	15.0	7.2	30	yes	5
251	2.12	71	212	12.7	7.2	40	yes	5
261	2.06	71	206	13.9	7.2	36	yes	5
271	1.84	71	184	15.0	7.2	30	yes	5
281	1.63	71	163	14.4	7.2	32	yes	5
291	1.63	71	163	13.6	7.2	35	yes	5
301	1.72	71	172	13.0	7.2	35	yes	5
311								

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised February 2012

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)