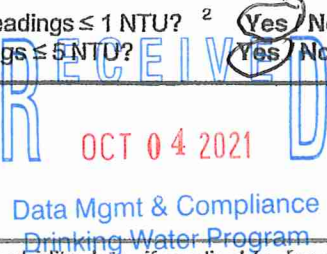


OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Douglas Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Fir Point Bible Conference ID #:OR4192108 WTP:-WTP-A Month/Year: 9-21

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	off	off	.01	off	off	off	.01
2	off	off	.02	off	off	off	.02
3			System off				
4							
5							
6							
7							
8	off	off	.02	off	off	off	.02
9	off	off	.02	off	off	off	.02
10			Sys Tem off				
11							
12							
13							
14							
15	off	off	.02	off	off	off	.02
16	off	off	.02	off	off	off	.02
17			System off				
18							
19							
20							
21							
22	off	off	.02	off	off	off	.02
23	off	off	.02	off	off	off	.02
24			System off				
25							
26							
27							
28							
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <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
Notes:  	PRINTED NAME: <u>Rayd Jensen</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>10-1-21</u>
	PHONE #: <u>(541) 832-2202</u>	CERT #: <u>0</u>

<sup>1</sup>Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. <sup>2</sup>Filtered systems only.

Date / Time	Minimum Cl <sub>2</sub> Residual at User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	.44	210	92.4	23.1	7.60	17	yes	
2/	.55	210	115.5	22.6	7.55	19	yes	
3/			SYSTEM off					
4/								
5/								
6/								
7/								
8/	.46	210	96.6	23.3	7.59	17	yes	
9/	.45	210	94.5	23.1	7.54	17	yes	
10/			SYSTEM off					
11/								
12/								
13/								
14/								
15/	.35	210	73.5	23.2	7.55	17	yes	
16/	.56	210	117.6	21.7	7.56	20	yes	
17/			SYSTEM off					
18/								
19/								
20/								
21/								
22/	.35	210	7.35	21.8	7.61	21	yes	
23/	.35	210	7.35	19.7	7.54	23	yes	
24/			SYSTEM off					
25/								
26/								
27/								
28/								
29/								
30/								
31/								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Revised October 2013 Download form at: [public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

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Data Mgmt & Compliance  
Drinking Water Program