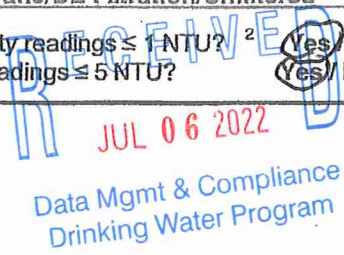
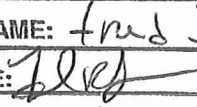


OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Douglas Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Fir Point Bible Conference ID #:OR4192108 WTP:-WTP-A Month/Year: June 22

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

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes: <div style="text-align: center;">  </div>	PRINTED NAME: Fred Jensen	DATE: 7-1-22
	SIGNATURE: 	CERT #: 0
	PHONE #: (541) 2202	

¹Including 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. ²Filtered systems only.

Date / Time	Minimum Cl ₂ Residual at User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/			System off					
2/								
3/								
4/								
5/								
6/								
7/								
8/								
9/	.53	210	111.3	17.2	7.48	25	yes	
10/	.57	210	119.7	17.5	7.62	27	yes	
11/	.58	210	121.8	16.8	7.59	28	yes	
12/	.57	210	119.7	18.1	7.58	25	yes	
13/			System off					
14/								
15/								
16/								
17/								
18/								
19/								
20/								
21/	.39	210	81.9	17.5	7.48	25	yes	
22/	.41	210	86.1	17.4	7.54	26	yes	
23/	.53	210	111.3	17.2	7.49	25	yes	
24/	.47	210	98.7	19.3	7.53	23	yes	
25/	.49	210	102.9	19.5	7.54	23	yes	
26/			System off					
27/								
28/	.39	210	81.9	20.2	7.58	22	yes	
29/	.41	210	86.1	20.5	7.58	22	yes	
30/	.43	210	90.3	20.9	7.61	23	yes	
31/								

³ If Cl₂ 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