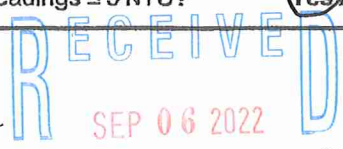


OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Douglas Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Fir Point Bible Conference ID #:OR4192108 WTP:-WTP-A Month/Year: August 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	off	off	.02	off	off	off	.02
2			system	off			
3							
4	off	off	.01	off	off	off	.01
5	off	off	.02	off	off	off	.02
6	off	off	.02	off	off	off	.02
7	off	off	.02	off	off	off	.02
8			system	off			
9							
10							
11	off	off	.02	off	off	off	.02
12	off	off	.02	off	off	off	.02
13	off	off	.02	off	off	off	.02
14			system	off			
15							
16							
17	off	off	.01	off	off	off	.01
18	off	off	.02	off	off	off	.02
19	off	off	.02	off	off	off	.02
20			system	off			
21							
22							
23							
24							
25							
26	off	off	.01	off	off	off	.01
27	off	off	.02	off	off	off	.02
28			system	off			
29							
30							
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	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		
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Notes:			
				
			PRINTED NAME: Fred Jensen	DATE: 9-1-22
			SIGNATURE: [Signature]	CERT #: 0
PHONE #: (541) 832-2202				

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 1 st 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/	.53	210	111.3	23.4	7.45	17	yes	
2/			System off					
3/								
4/	.30	210	63	22.9	7.49	18	yes	
5/	.35	210	73.5	24.2	7.45	15	yes	
6/	.50	210	105	24.2	7.39	15	yes	
7/	.50	210	105	24.4	7.43	15	yes	
8/			System off					
9/								
10/								
11/	.38	210	79.8	20.9	7.38	20	yes	
12/	.46	210	96.6	23.5	7.46	17	yes	
13/	.41	210	86.1	23.4	7.46	17	yes	
14/			System off					
15/								
16/								
17/	.43	210	90.3	24.6	7.42	15	yes	
18/	.47	210	98.7	24.8	7.53	16	yes	
19/	.51	210	107.1	24.2	7.50	16	yes	
20/			System off					
21/								
22/								
23/								
24/								
25/								
26/	.35	210	73.5	24.6	7.38	15	yes	
27/	.46	210	96.6	23.9	7.55	17	yes	
28/			System off					
29/								
30/								
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

