

**OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Douglas Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems** Data Mgmt & Compliance  
Drinking Water Program

**System Name:** Fir Point Bible Conference **ID #:** OR4192108 **WTP-:** WTP-A **Month/Year:** 6-23

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			System off				
2							
3							
4							
5							
6	off	off	.01	off	off	off	.01
7	off	off	.02	off	off	off	.02
8	off	off	.02	off	off	off	.02
9			System off				
10							
11							
12							
13							
14	off	off	.01	off	off	off	.01
15	off	off	.01	off	off	off	.01
16	off	off	.02	off	off	off	.02
17			System off				
18							
19							
20							
21							
22	off	off	.01	off	off	off	.01
23	off	off	.01	off	off	off	.01
24	off	off	.01	off	off	off	.01
25	off	off	.01	off	off	off	.01
26			System off				
27							
28	off	off	.01	off	off	off	.01
29	off	off	.01	off	off	off	.01
30	off	off	.01	off	off	off	.01
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Notes:</b> Significant water leak in 4 inch feed line on 6-27-23. Repaired same date.		<b>PRINTED NAME:</b> Fred Jensen	<b>DATE:</b> 7-1-23
		<b>SIGNATURE:</b> <i>[Signature]</i>	<b>CERT #:</b> 0
		<b>PHONE #:</b> (541) 2202	

<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.



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Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	Data Mgmt & Compliance Drinking Water Required		CT Met? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]				[minutes]	CXT			[°C]
1/			SYSTEM off						
2/									
3/									
4/									
5/									
6/	.44	210	92.4	18.9	7.19	21	yes		
7/	.45	210	94.5	19.9	7.21	21	yes		
8/	.46	210	96.6	19.8	7.21	21	yes		
9/			SYSTEM off						
10/									
11/									
12/									
13/									
14/	.38	210	79.8	20.4	7.32	20	yes		
15/	.41	210	86.1	19.7	7.33	22	yes		
16/	.53	210	111.3	19.9	7.36	22	yes		
17/			SYSTEM off						
18/									
19/									
20/									
21/									
22/	.41	210	86.1	20.1	7.37	20	yes		
23/	.44	210	92.4	18.6	7.46	24	yes		
24/	.58	210	121.8	21.2	7.32	19	yes		
25/	.55	210	115.5	20.4	7.37	20	yes		
26/			SYSTEM off						
27/									
28/	.58	210	121.8	17.3	7.48	25	yes		
29/	.57	210	119.7	21.3	7.48	20	yes		
30/	.56	210	117.6	21.6	7.34	19	yes		
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)