

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

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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: Fred Jensen	DATE: 8-1-23
	SIGNATURE: [Signature]	PHONE #: (541) - 832-2202
		CERT #: 0

<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.



Fir Point Bible Conference

ID #: OR4192108

WTP-: WTP-A

Month/year: July 23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	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/	.48	210	160.8	21.7	7.56	20	yes	
2/	.46	210	96.6	21.6	7.46	20	yes	
3/	.47	210	98.7	22.7	7.46	18	yes	
4/			SYSTEM off					
5/								
6/								
7/								
8/								
9/	.37	210	77.7	21.8	7.39	19	yes	
10/	.33	210	69.3	22.4	7.31	18	yes	
11/			SYSTEM off					
12/								
13/								
14/								
15/	.40	210	84.0	21.8	7.35	19	yes	
16/	.53	210	111.3	23.3	7.36	16	yes	
17/	.58	210	121.8	22.5	7.60	20	yes	
18/			SYSTEM off					
19/								
20/	.54	210	113.4	24.1	7.43	15	yes	
21/	.54	210	113.4	23.9	7.44	17	yes	
22/	.56	210	117.6	24.4	7.45	15	yes	
23/			SYSTEM off					
24/								
25/	.48	210	100.8	22.4	7.57	19	yes	
26/	.53	210	111.3	23.3	7.29	16	yes	
27/	.50	210	105.0	22.8	7.32	18	yes	
28/	.52	210	109.2	23.8	7.30	16	yes	
29/	.49	210	102.9	23.3	7.34	16	yes	
30/			SYSTEM off					
31/								

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<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: