

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 24

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			SYSTEM off				
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	.01	off	off	off	.01
12			SYSTEM off				
13							
14							
15	off	off	.01	off	off	off	.01
16	off	off	.01	off	off	off	.01
17	off	off	.01	off	off	off	.01
18	off	off	.01	off	off	off	.01
19			SYSTEM off				
20	off	off	.01	off	off	off	.01
21	off	off	.01	off	off	off	.01
22			SYSTEM off				
23							
24							
25	off	off	.01	off	off	off	.01
26	off	off	.01	off	off	off	.01
27			SYSTEM off				
28							
29							
30							
31	off	off	.01	off	off	off	.01

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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: 8-1-24
		SIGNATURE: <i>[Signature]</i>	CERT #: <i>[Signature]</i>
		PHONE #: (541) 832-2202	

<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.



Fir Point Bible Conference

ID #: OR4192108

WTP-: WTP-A

Month/year: July 24

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/	.41	210	86.1	21.8	7.48	20	yes	
2/								
3/								
4/								
5/								
6/								
7/								
8/								
9/	.48	210	100.8	23.7	7.54	17	yes	
10/	.54	210	113.4	23.8	7.48	17	yes	
11/	.54	210	113.4	23.8	7.46	17	yes	
12/								
13/								
14/								
15/	.42	210	88.2	24.6	7.45	15	yes	
16/	.42	210	88.2	21.9	7.43	20	yes	
17/	.56	210	117.6	22.9	7.63	20	yes	
18/	.54	210	113.4	22.9	7.56	19	yes	
19/								
20/	.30	210	63	24.2	7.58	16	yes	
21/	.43	210	90.9	23.3	7.56	17	yes	
22/								
23/								
24/								
25/	.42	210	88.2	24.2	7.57	16	yes	
26/	.62	210	130.2	24.2	7.53	16	yes	
27/								
28/								
29/								
30/								
31/	.62	210	130.2	23.5	7.53	17	yes	

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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: [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)