

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: 8-24

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	off	off	.01	off	off	off	.01
3			SYSTEM off				
4	↓	↓	↓	↓	↓	↓	↓
5	↓	↓	↓	↓	↓	↓	↓
6	↓	↓	↓	↓	↓	↓	↓
7	off	off	.01	off	off	off	.01
8	off	off	.01	off	off	off	.01
9	off	off	.01	off	off	off	.01
10	off	off	.01	off	off	off	.01
11			SYSTEM off				
12	↓	↓	↓	↓	↓	↓	↓
13	↓	↓	↓	↓	↓	↓	↓
14	↓	↓	↓	↓	↓	↓	↓
15	↓	↓	↓	↓	↓	↓	↓
16	↓	↓	↓	↓	↓	↓	↓
17	↓	↓	↓	↓	↓	↓	↓
18	↓	↓	↓	↓	↓	↓	↓
19	off	off	.01	off	off	off	.01
20	off	off	.01	off	off	off	.01
21	off	off	.01	off	off	off	.01
22			SYSTEM off				
23	↓	↓	↓	↓	↓	↓	↓
24	↓	↓	↓	↓	↓	↓	↓
25	↓	↓	↓	↓	↓	↓	↓
26	↓	↓	↓	↓	↓	↓	↓
27	↓	↓	↓	↓	↓	↓	↓
28	↓	↓	↓	↓	↓	↓	↓
29	↓	↓	↓	↓	↓	↓	↓
30	off	off	.01	off	off	off	.01
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? <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: 9-1-24
	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: 8 24

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C)	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/	.62	210	130.2	24.2	7.54	16	Yes	
2/	.62	210	130.2	24.2	7.55	16	Yes	
3/			System off	off				
4/								
5/								
6/								
7/	.42	210	88.2	22.4	7.44	18	Yes	
8/	.44	210	92.4	22.4	7.42	18	Yes	
9/	.43	210	90.3	23.7	7.44	17	Yes	
10/	.47	210	98.7	24.6	7.47	15	Yes	
11/			System off	off				
12/								
13/								
14/								
15/								
16/								
17/								
18/								
19/	.45	210	94.5	22.8	7.33	18	Yes	
20/	.45	210	94.5	20.8	7.42	21	Yes	
21/	.44	210	92.4	22.8	7.44	18	Yes	
22/			System off	off				
23/								
24/								
25/								
26/								
27/								
28/								
29/								
30/	.41	210	86.1	23.2	7.52	17	Yes	
31/	.41	210	86.1	23.4	7.52	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)