

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: 6-25

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

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Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
All daily turbidity readings ≤ 5 NTU? <u>Yes</u> / No			
Notes:	PRINTED NAME: Fred Jensen		
	SIGNATURE: <i>[Signature]</i>	DATE: 7-2-25	
	PHONE #: (541) 832-2202	CERT #: 0	

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 User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/			System off					
2/	.42	210	100.8	18.2	7.37	23	Yes	
3/	.44	210	92.4	19.4	7.26	21	Yes	
4/	.45	210	94.5	19.3	7.44	22	Yes	
5/			System off					
6/	.47	210	98.7	19.6	7.44	22	Yes	
7/	.51	210	107.1	18.6	7.51	25	Yes	
8/			System off					
9/								
10/								
11/								
12/								
13/								
14/								
15/								
16/								
17/	.34	210	71.4	18.7	7.36	23	Yes	
18/	.47	210	98.7	18.4	7.35	23	Yes	
19/	.46	210	96.6	19.3	7.34	22	Yes	
20/			System off					
21/								
22/								
23/								
24/								
25/								
26/	.43	210	90.3	20.8	7.30	20	Yes	
27/	.39	210	81.9	20.5	7.44	21	Yes	
28/	.45	210	94.5	20.2	7.48	21	Yes	
29/			System off					
30/								
31/								

^a 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-elt-unfiltered.pdf

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