

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: 2-2021

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	↓	↓	↓	↓	↓	↓	
3							
4	↓	↓	↓	↓	↓	↓	
5	off	off	.03	off	off	off	.03
6	off	off	.02	off	off	off	.02
7	off	off	.02	off	off	off	.02
8			System off				
9	↓	↓	↓	↓	↓	↓	
10							
11	↓	↓	↓	↓	↓	↓	
12							
13	↓	↓	↓	↓	↓	↓	
14							
15	↓	↓	↓	↓	↓	↓	
16							
17	↓	↓	↓	↓	↓	↓	
18							
19	↓	↓	↓	↓	↓	↓	
20							
21	↓	↓	↓	↓	↓	↓	
22							
23	↓	↓	↓	↓	↓	↓	
24							
25	off	off	.05	off	off	off	.05
26	off	off	.05	off	off	off	.05
27	off	off	.05	off	off	off	.05
28	off	off	.05	off	off	off	.05
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No Notes:	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
RECEIVED MAR 03 2021 Data Mgmt & Compliance Drinking Water Program	PRINTED NAME: Fred Jensen	
	SIGNATURE: [Signature]	DATE: 3-1-21
	PHONE #: (501) 832-2202	CERT #: [Signature]

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 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/			System off					
2/	↓	↓	↓	↓	↓	↓	↓	
3/								
4/								
5/	.51	210	107.1	9.7	7.58	49	yes	
6/	.54	210	113.4	10.3	7.58	44	yes	
7/	.57	210	119.7	10.2	7.58	44	yes	
8/			System off					
9/	↓	↓	↓	↓	↓	↓	↓	
10/								
11/								
12/								
13/								
14/								
15/								
16/								
17/								
18/								
19/								
20/								
21/								
22/								
23/								
24/	↓	↓	↓	↓	↓	↓	↓	
25/	.30	210	63	11.2	7.57	41	yes	
26/	.30	210	63	9.2	7.40	45	yes	
27/	.32	210	6.72	9.5	7.43	45	yes	
28/	.48	210	100.8	9.8	7.52	46	yes	
29/								
30/								
31/								

³ 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-alt-unfiltered.pdf

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