

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name : Morrisons Rogue River Lodge ID # 4193508 MAy 2017

Day	12AM (NTU)	4AM (NTU)	8AM (NTU)	NOON (NTU)	4PM (NTU)	8PM (NTU)	Highest Reading NTU	Peak Hourly Flow (GPM)
1			.78					
2			.79					
3			.80					
4			.76					
5			.78					
6			.81					
7			.80					
8			.78					
9			.78					
10			.76					
11			.78					
12			.76					
13			.81					
14			.76					
15			.76					
16			.78					
17			.76					
18			.80					
19			.78					
20			.78					
21			.78					
22			.78					
23			.76					
24			.78					
25			.76					
26			.78					
27			.80					
28			.81					
29			.78					
30			.78					
31			.78					

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
OR		CT's met every day? (see back) <i>yes</i>	All Cl2 residual at entry point ≥ 0.2 mg/l? <i>yes</i>	Cl2 residual measured in 95% of distribution samples? <i>yes</i>

Slow Sand/Cartridge/Membrane/DE Filtration Printed Name: *Andrew Pratt*

95% of turbidity readings ≤ 1 NTU?  
All turbidity readings < 5 NTU?

Signature: *[Signature]* Date: *6-01-21*

Phone#: (541)476-3825 Cert#:

**OHA - Drinking Water Services – Surface Water Quality Data Form**

System Name: Mormons Lodge ID #: 41 93508 WTP-: \_\_\_\_\_ Month/Year: May 2020

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
1/	1.0	76	76	15.5	7.9	30	Y	1110
2/	1.1	76	83.6	15.5	7.8	30	Y	932
3/	1.1	76	83.6	15.5	7.9	30	Y	928
4/	1.0	76	76	16.1	7.9	30	Y	901
5/	0.8	76	60.8	16.1	8.0	29	Y	1124
6/	0.8	76	60.8	16.1	8.0	29	Y	1023
7/	0.8	76	60.8	15	7.9	29	Y	1010
8/	0.8	76	60.8	14.4	7.8	29	Y	1132
9/	1.0	76	76	14.4	7.9	30	Y	1125
10/	0.8	76	60.8	14.4	7.9	29	Y	1011
11/	0.8	76	60.8	15.5	8.0	29	Y	1523
12/	1.0	76	60.8	16.1	8.0	30	Y	1500
13/	0.8	76	76	16.1	8.2	29	Y	971
14/	0.8	76	60.8	16.1	8.3	29	Y	1872
15/	0.8	76	60.8	15.5	8.3	29	Y	1682
16/	0.8	76	60.8	15.5	8.3	29	Y	1642
17/	0.8	76	60.8	16.1	8.0	29	Y	2293
18/	0.8	76	60.8	15.5	7.9	29	Y	1104
19/	0.6	76	60.8	16.1	7.7	29	Y	1573
20/	0.6	76	45.6	17.7	8.1	29	Y	901
21/	0.7	76	45.6	17.7	8.1	29	Y	1,108
22/	0.7	76	53.2	17.7	8.0	29	Y	920
23/	0.7	76	53.2	17.7	8.0	29	Y	1008
24/	0.8	76	53.2	16.1	7.7	29	Y	1108
25/	2.0	76	60.8	16.1	7.8	33	Y	1476
26/	0.6	76	152	15.5	7.8	29	Y	1357
27/	0.8	76	45.6	16.1	8.1	29	Y	1423
28/	0.8	76	45.6	16.1	8.1	29	Y	1510
29/	0.8	76	60.8	16.1	8.0	29	Y	1570
30/	0.8	76	60.8	16.1	8.0	29	Y	1475
31/	0.8	76	60.8	17.5	8.0	29	Y	1526

<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 September 2016  
 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)

**Return by 10<sup>th</sup> of following month by email, fax, or mail to:**  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350