

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Douglas

Cartridge or Bag Filtration

Month/Year: July 2021

System Name: Horshoe Bend CG		ID# 41 94179		WTP ID: A		
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1				15		
2				15		
3				15		
4				15		
5				15		
6				15		
7				15		
8				15		
9				15		
10				15		
11				15		
12				15		
13				15		
14				15		
15				15		
16				15		
17				15		
18				15		
19				15		
20				15		
21				15		
22				15		
23				15		
24				15		
25				15		
26				15		
27				15		
28				15		
29				15		
30				15		
31				15		

POISON  
WATER

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?		CT's met everyday? (see back) Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? Yes / No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <i>Jonathan Woody</i>	DATE: <i>8-9-21</i>
		SIGNATURE: <i>John Woody</i>	CERT #: <i>7232</i>
		PHONE #: <i>(541) 643-6137</i>	

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

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

Month/Year: July 2021

System Name: USFS Horshoe Bend CG		ID# 41 94179			WTP A			
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /		140.9						
2 /								
3 /								
4 /								
5 /								
6 /								
7 /								
8 /								
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Pool  
 Waffle

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised August 2016

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.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); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350