

HA - Drinking Water Program - Turbidity Monitoring Report Form County: Josephine  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems  
 By: 2021 Name: DEER CREEK CENTER ID #: OR4195360 WTP: WTP-A Month/Year: July 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	(Highest Reading of the Day) [NTU]
1				0.15			
2				0.15			
3				0.15			
4				0.15			
5				0.15			
6				0.15			
7				0.15			
8				0.15			
9				0.15			
10				0.15			
11				0.15			
12				0.15			
13				0.15			
14				0.15			
15				0.15			
16				0.15			
17				0.15			
18				0.15			
19				0.15			
20				0.15			
21				0.15			
22				0.15			
23				0.15			
24				0.15			
25				0.15			
26				0.15			
27				0.15			
28				0.15			
29				0.15			
30				0.15			
31				0.15			

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
50% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All C <sub>2</sub> residual at every point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Lillie Hazelton</u>	SIGNATURE: <u>[Signature]</u> DATE: <u>7-1-2021</u>
	PHONE #: <u>(541) 415-9788</u>	CERT #:

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. Filtered systems only.

Lillie Hazelton  
 Deer Creek  
 ATT Robert  
 971 673-0416

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OHA - Drinking Water Program - Surface Water Quality Data Form

DEER CREEK CENTER ID #: OR4198360 WTP: WTP-A Month/Year: Feb, 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at User (C) <sup>1</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/	1.0	20	20	10.9	8.2	1.023	Y	
2/	1.0	20	20	10.9	8.2	1.023	Y	
3/	1.0	20	20	10.9	8.2	1.023	Y	
4/	1.0	20	20	10.9	8.2	1.023	Y	
5/	1.0	20	20	10.9	8.2	1.023	Y	
6/	1.0	20	20	10.6	8.2	1.023	Y	
7/	1.0	20	20	10.6	8.2	1.023	Y	
8/	1.0	20	20	10.6	8.2	1.023	Y	
9/	1.0	20	20	10.6	8.2	1.023	Y	
10/	1.0	20	20	10.6	8.2	1.023	Y	
11/	1.0	20	20	10.6	8.2	1.023	Y	
12/	1.0	20	20	10.6	8.2	1.023	Y	
13/	1.0	20	20	10.6	8.2	1.023	Y	
14/	1.0	20	20	10.6	8.2	1.023	Y	
15/	1.0	20	20	10.6	8.2	1.023	Y	
16/	1.0	20	20	10.6	8.2	1.023	Y	
17/	1.0	20	20	10.0	8.2	1.023	Y	
18/	1.0	20	20	10.0	8.2	1.023	Y	
19/	1.0	20	20	10.0	8.2	1.023	Y	
20/	1.0	20	20	10.0	8.2	1.023	Y	
21/	1.0	20	20	10.0	8.2	1.023	Y	
22/	1.0	20	20	10.0	8.2	1.023	Y	
23/	1.0	20	20	10.0	8.2	1.023	Y	
24/	1.0	20	20	10.0	8.2	1.023	Y	
25/	1.0	20	20	10.0	8.2	1.023	Y	
26/	1.0	20	20	10.0	8.2	1.023	Y	
27/	1.0	20	20	10.0	8.2	1.023	Y	
28/	1.0	20	20	10.0	8.2	1.023	Y	
29/	1.0	20	20	10.0	8.2	1.023	Y	
30/	1.0	20	20	10.0	8.2	1.023	Y	
31/	1.0	20	20	10.0	8.2	1.023	Y	

<sup>1</sup> If Cl<sub>2</sub> at entry point = 0.2 mg/L OR CT not met, notify DWP by end of next business day.  
 Download form at: [www.public-health Oregon.gov/HealthyEnvironment/DrinkingWater/DrinkingWaterQualityDataForm.pdf](http://www.public-health Oregon.gov/HealthyEnvironment/DrinkingWater/DrinkingWaterQualityDataForm.pdf)