## OHA - Drinking Water Services – Turbidity Monitoring Report Form County: Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name:				ID #:	WTP-:	Month/Ye	ear:			
DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]			
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	Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary				Monthly Summary (Answer Yes or No)					
95% of daily tur All daily turbidity	95% of daily turbidity readings $\leq$ 1 NTU?2Yes / NoAll daily turbidity readings $\leq$ 5 NTU?Yes / No				veryday? back) ' <b>No</b>	at entry point ≥ 0.2 mg/l? <b>Yes / No</b>				
Notes:				PRINTED N/	PRINTED NAME:					
					:	DATE:				
			PHONE #: ( )			CERT #:				
<u> </u>				8						

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. <sup>2</sup> Filtered systems only.

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			ID #:	W	[P-:	Month/Year:	
Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( <b>C</b> ) <sup>3</sup>	Contact Time ( <b>T</b> )	Actual CT	Temp	рН	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
[ppm or mg/L]	[minutes]	СХТ	[° C]		Use tables	Yes / No	[GPM]
	Residual at 1 <sup>st</sup> User ( <b>C</b> ) <sup>3</sup>	Residual at 1stTimeUser ( $\mathbf{C}$ ) <sup>3</sup> ( $\mathbf{T}$ )	Residual at 1stTimeActualUser ( $\mathbf{C}$ ) <sup>3</sup> ( $\mathbf{T}$ )	$\begin{array}{c c} \mbox{Minimum Cl}_2 & \mbox{Contact} \\ \mbox{Residual at 1}^{st} & \mbox{Time} \\ \mbox{User ( \textbf{C} )}^3 & \mbox{( \textbf{T} )} \end{array} \begin{array}{c} \mbox{Actual} \\ \mbox{CT} \end{array} Temp \end{array}$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c} \mbox{Minimum } Cl_2 \\ \mbox{Residual at 1}^{st} \\ \mbox{User ( C )}^3 \end{array} \begin{array}{c} \mbox{Contact} \\ \mbox{Time} \\ \mbox{( T )} \end{array} \begin{array}{c} \mbox{Actual} \\ \mbox{CT} \end{array} \begin{array}{c} \mbox{Temp} \\ \mbox{Temp} \end{array} \begin{array}{c} \mbox{pH} \\ \mbox{pH} \end{array} \begin{array}{c} \mbox{Required} \\ \mbox{CT} \\ \mbox{CT} \end{array}$	$\begin{array}{c c} \text{Minimum } Cl_2 \\ \text{Residual at 1}^{\text{st}} \\ \text{User } (\mathbf{C})^3 \end{array} \xrightarrow[\mathbf{C}]{} \begin{array}{c} \text{Contact} \\ \text{Time} \\ (\mathbf{T}) \end{array} \xrightarrow[\mathbf{C}]{} \begin{array}{c} \text{Actual} \\ \text{CT} \end{array} \xrightarrow[\mathbf{T}]{} \begin{array}{c} \text{Temp} \\ \text{Temp} \end{array} \xrightarrow[\mathbf{p}]{} \begin{array}{c} \text{PH} \\ \text{Required} \\ \text{CT} \end{array} \xrightarrow[\mathbf{C}]{} \begin{array}{c} \text{CT Met?}^3 \end{array}$

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

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/I OR CT not met, notify DWS within 24 hours. *Revised November 2022* Download form at: <u>public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf</u>