

**OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration**

County:

Name:	ID #41:	WTP-:	Month/Year:
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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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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24							
25							
26							
27							
28							
29							
30							
31							

<p align="center">Conventional or Direct Filtration</p> <p align="center">Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No All the 4-hour turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < IFE² triggers? Yes / No²</p>	<p align="center">Monthly Summary (Answer Yes or No)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CT's met everyday? (see back) Yes / No</td> <td style="width:50%;">All Cl₂ residuals at entry point ≥ 0.2 mg/l? Yes / No</td> </tr> </table>	CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes / No		
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<p>Notes:</p>	<p>PRINTED NAME:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SIGNATURE:</td> <td style="width:30%;">DATE:</td> </tr> <tr> <td>PHONE #: ()</td> <td>CERT #:</td> </tr> </table>	SIGNATURE:	DATE:	PHONE #: ()	CERT #:
SIGNATURE:	DATE:				
PHONE #: ()	CERT #:				

¹ 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. ² IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - *Giardia* Inactivation

Name:	ID #41:	WTP-:	Month/Year:	Log Requirement (Circle One): 0.5 1.0
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Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /								
2 /								
3 /								
4 /								
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6 /								
7 /								
8 /								
9 /								
10 /								
11 /								
12 /								
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³ If Cl₂ 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-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350