OHA - DI	Month/Year:	Apr-24						
System Name:		ty of Sheric		t Filtration				WTP-A
				ding of the Day				
Day	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	_	NTÚ]
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
12	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
13	OFF	OFF	OFF	OFF	OFF	OFF	()FF
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	0.245	OFF	OFF	0.245	
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	0.037	OFF	OFF	0.037	
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	0.079	OFF	OFF	0.079	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
	4.				<u> </u>		<u> </u>	
	Filtration	Monthly Summary (Answer Yes or No)						
-				√ Yes / No			,	
All 4-hour turbidity readings ≤ 1 NTU? √ Yes / No							point ≥ 0.2 mg/l?	
	gs < IFE² trig	gers	V Yes / No V Yes / No					
Notes:			PRINTED NAME: Gary N Mathis					
			SIGNATURE: DATE:5/			DATE:5/8/2024		
				PHONE #: (971) 312-1892 CERT #			CERT #:127558	

County:

Yamhill

OHA - Drinking Water Services - Turbidity Monitoring Report Form

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

	OHA - I	WTP - :	WTP-A						
System Name:		City of Sheridan		ID#: 41 00811		Month/Year:	Apr-24	Disinfection Giardia Log Inactiv:	0.5
Date	Time	Minimum CI ₂ Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	1040AM	0.4	65	26.0	12.5	6.2	11.0	Yes	800
2	115PM	0.75	65	48.8	12.1	6.3	12.8	Yes	700
3	730AM	0.95	65	61.8	10.6	6.5	15.6	Yes	1000
4	930AM	0.83	65	54.0	11.1	6.4	14.4	Yes	1500
5	1015AM	0.95	65	61.8	10.3	6.4	15.3	Yes	1200
6	830AM	0.98	65	63.7	10.8	6.3	14.4	Yes	1500
7	900AM	0.66	65	42.9	11.0	6.2	13.4	Yes	1600
8	300PM	0.51	65	33.2	12.1	6.8	14.8	Yes	2000
9	900AM	0.57	65	37.1	12.7	6.7	13.5	Yes	1500
10	1025AM	0.67	65	43.6	12.3	6.6	14.2	Yes	800
11	1100AM	0.62	65	40.3	11.5	6.7	15.2	Yes	700
12	1100AM	0.74	65	48.1	13.7	6.6	12.6	Yes	1500
13	930AM	0.81	65	52.7	11.7	6.3	13.3	Yes	2000
14	1000AM	0.77	65	50.1	11.6	6.3	13.3	Yes	1200
15	1025AM	0.44	65	28.6	11.6	6.2	12.4	Yes	1000
16	245PM	0.74	65	48.1	11.2	6.3	13.6	Yes	800
17	200PM	0.61	65	39.7	12.1	6.3	12.8	Yes	900
18	230PM	0.39	65	25.4	13.3	6.2	10.6	Yes	500
19	900AM	0.65	65	42.3	12.6	6.3	11.8	Yes	900
20	1045AM	0.54	65	35.1	12.6	6.3	11.6	Yes	1200
21	145PM	0.53	65	34.5	12.8	6.3	11.6	Yes	100
22	230PM	0.54	65	35.1	12.6	6.3	11.6	Yes	1100
23	230PM	0.54	65	35.1	13.8	6.4	11.3	Yes	600
24	230PM	0.65	65	42.3	12.9	6.5	12.3	Yes	500
25	1015AM	0.71	65	46.2	13.2	6.5	12.1	Yes	1000
26	1215PM	1.01	65	65.7	12.5	6.4	12.7	Yes	1500
27	800AM	1.02	65	66.3	11.6	6.6	15.1	Yes	1000
28	1000AM	1.05	65	68.3	11.9	6.4	14.1	Yes	800
29	430PM	1	65	65.0	10.9	6.5	15.3	Yes	1200
30	730AM	0.98	65	63.7	11.2	6.3	14.2	Yes	1500

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.