

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

County: **Yamhill**  
 Month/Year: **NOV.23**

System Name: <b>City of Amity</b>		ID#: <b>41 00041</b>		WTP : <b>WTP-D</b>			
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]
1	0.032	0.033	0.032	0.031	0.031	0.031	0.033
2	0.050	OFF	OFF	OFF	OFF	OFF	0.050
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	0.044	0.041	0.040	0.044
6	0.039	0.059	0.044	0.043	0.044	0.188	0.188
7	0.046	0.044	0.197	0.035	0.034	0.034	0.197
8	0.033	0.044	0.035	0.034	0.033	0.032	0.044
9	0.032	OFF	OFF	OFF	OFF	OFF	0.032
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	0.040	0.033	0.032	0.040
13	0.032	0.032	0.032	0.033	0.035	0.035	0.035
14	0.036	0.033	0.042	0.035	0.032	0.033	0.042
15	0.032	0.032	0.034	0.032	0.032	0.032	0.034
16	0.031	OFF	OFF	OFF	OFF	OFF	0.031
17	OFF	OFF	OFF	0.037	OFF	OFF	0.037
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	0.032	0.031	0.035	0.035
20	0.031	0.036	0.032	0.034	0.035	0.033	0.036
21	0.033	0.037	0.034	0.033	0.032	0.031	0.037
22	0.037	0.033	0.032	0.034	0.034	0.034	0.034
23	0.035	0.035	0.035	OFF	OFF	OFF	0.035
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	0.032	0.032	0.031	0.032
26	0.036	0.032	0.031	0.031	0.030	0.030	0.036
27	0.033	0.031	0.031	0.030	0.030	0.034	0.034
28	0.032	0.031	0.031	0.041	0.039	0.039	0.041
29	0.039	0.039	0.055	0.040	OFF	OFF	0.055
30	OFF	OFF	0.046	0.038	0.038	0.038	0.046
31							

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Notes:</b>	<b>PRINTED NAME:</b> Darrel Lockard	
	<b>SIGNATURE:</b>	<b>DATE:</b> 12/10/23
	<b>PHONE #:</b> ( (541))222-9997	<b>CERT #:</b> 2853

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

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : WTP-D

System Name: City of Amity	ID#: 41 00041	Month/Year: NOV.23	Disinfection Giardia Log Inactiv:	0.5
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Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	7:08 AM	1.9	85	161.5	7.8	8.5	42.6	Yes	275
2	7:06 AM	1.72	85	146.2	9.1	8.4	36.7	Yes	275
3	10:00 AM	1.56	85	132.6	8.4	8.3	36.5	Yes	275
4	9:00 AM	1.51	85	128.4	10.8	8.3	30.8	Yes	275
5	9:20 AM	1.53	85	130.1	10.6	8.3	31.2	Yes	275
6	7:37 AM	1.86	85	158.1	9.3	7.7	28.5	Yes	275
7	8:00 AM	1.81	85	153.9	9.5	7.5	26.1	Yes	275
8	8:00 AM	1.81	85	153.9	9.4	7.7	28.2	Yes	275
9	7:45 AM	1.56	85	132.6	8.8	7.6	27.5	Yes	0
10	10:33 AM	1.55	85	131.8	10.2	7.6	25.0	Yes	0
11	10:07 AM	1.44	85	122.4	10.6	7.6	24.1	Yes	0
12	7:54 AM	1.44	85	122.4	10.4	7.9	27.1	Yes	275
13	8:17 AM	1.81	85	153.9	9.1	8.0	32.1	Yes	275
14	7:54 AM	1.61	85	136.9	8.0	8.5	40.6	Yes	275
15	8:00 AM	1.79	85	152.2	7.0	7.8	34.3	Yes	275
16	8:23 AM	1.64	85	139.4	9.1	7.6	27.2	Yes	0
17	8:00 AM	1.52	85	129.2	9.4	7.6	26.3	Yes	0
18	11:00 AM	1.5	85	127.5	10.3	7.6	24.7	Yes	0
19	9:00 AM	1.44	85	122.4	9.6	8.0	29.7	Yes	275
20	8:12 AM	1.76	85	149.6	7.9	8.0	34.6	Yes	275
21	9:36 AM	1.7	85	144.5	8.9	8.4	37.1	Yes	275
22	8:08 AM	1.72	85	146.2	8.7	7.7	29.3	Yes	275
23	11:03 AM	1.52	85	129.2	8.3	8.7	42.3	Yes	0
24	10:53 AM	1.44	85	122.4	8.3	9.1	48.6	Yes	0
25	10:37 AM	1.44	85	122.4	8.5	8.9	44.5	Yes	275
26	10:45 AM	1.71	85	145.4	6.1	7.6	33.6	Yes	275
27	8:46 AM	1.68	85	142.8	4.5	7.7	38.8	Yes	275
28	8:32 AM	1.6	85	136.0	4.4	7.7	38.7	Yes	275
29	8:09 AM	1.61	85	136.9	4.2	7.8	40.8	Yes	275
30	7:50 AM	1.5	85	127.5	4.5	7.8	39.4	Yes	275
31			85					No	275

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013