

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: **Yamhill**  
 Month/Year: **OCT. 24**

System Name: **City of Amity** ID#: **41 00041** WTP: **WTP-D**

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	0.052	0.052	0.050	0.057	0.053	0.051	0.057
2	0.050	0.142	0.053	0.056	0.059	0.057	0.142
3	0.062	0.058	0.058	0.056	0.065	0.060	0.065
4	0.057	0.055	0.060	0.057	OFF	OFF	0.060
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	0.052	0.058	0.131	0.131
7	0.061	0.060	0.056	0.057	0.060	0.057	0.061
8	0.054	0.054	0.057	0.056	0.055	0.064	0.064
9	0.057	0.055	0.054	0.058	0.056	0.056	0.057
10	0.055	0.058	0.055	0.055	0.062	0.058	0.062
11	0.057	0.054	0.060	OFF	OFF	OFF	0.060
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	0.069	0.044	0.069
14	0.063	0.066	0.064	0.063	0.100	0.066	0.100
15	0.064	0.061	0.068	0.065	0.066	0.063	0.068
16	0.065	0.063	0.060	0.060	0.063	0.061	0.065
17	0.058	0.059	0.064	0.065	0.063	0.062	0.064
18	0.066	0.063	0.061	0.060	OFF	OFF	0.063
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	0.047	0.050	0.059	0.064	0.063	0.064
22	0.058	0.064	0.060	0.059	0.058	0.069	0.069
23	0.065	0.064	0.061	0.074	0.068	0.062	0.074
24	0.061	0.073	0.064	0.060	0.062	0.081	0.081
25	0.066	0.060	0.058	0.104	0.067	OFF	0.104
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	OFF	0.090	0.064	0.090
30	0.178	0.050	0.058	0.119	0.044	0.035	0.119
31	0.035	0.035	0.034	0.033	0.032	0.034	0.035

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 All 4-hour turbidity readings ≤ 1 NTU? <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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

**Notes:**

**PRINTED NAME: Darrel Lockard**

**SIGNATURE: *Darrel Lockard***    **DATE: 11/14/24**

**PHONE #: (541) 222-9997**    **CERT #: 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: OCT. 24

Disinfection  
Gardla Log  
Inactiv;

0.5

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	7:36 AM	1.23	85	104.6	13.1	8.4	26.6	Yes	275
2	8:07 AM	1.28	85	108.8	13.4	8.6	28.2	Yes	275
3	7:56 AM	1.46	85	124.1	12.6	8.3	27.2	Yes	275
4	8:39 AM	1.56	85	132.6	12.4	8.7	32.1	Yes	275
5	7:28 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
6	10:18 AM	0.87	85	74.0	14.8	8.4	22.8	Yes	275
7	7:58 AM	1.64	85	139.4	11.8	8.4	30.2	Yes	275
8	7:50 AM	1.97	85	167.5	12.3	8.8	35.1	Yes	275
9	8:10 AM	1.76	85	149.6	13.2	8.5	29.1	Yes	275
10	8:24 AM	1.71	85	145.4	12.2	8.6	31.9	Yes	275
11	8:31 AM	1.84	85	156.4	11.9	8.7	34.3	Yes	275
12	9:34 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
13	9:43 AM	1.12	85	95.2	14.7	9.0	29.4	Yes	275
14	7:37 AM	1.69	85	143.7	12.2	8.5	30.7	Yes	275
15	8:09 AM	1.81	85	153.9	12.7	8.5	30.2	Yes	275
16	8:58 AM	1.96	85	166.6	13.3	8.5	29.5	Yes	275
17	8:07 AM	1.93	85	164.1	12.1	8.5	31.8	Yes	275
18	7:34 AM	1.72	85	146.2	11.8	8.5	31.7	Yes	275
19	9:30 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
20	8:30 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
21	7:50 AM	1.61	85	136.9	12.1	8.6	31.8	Yes	275
22	8:16 AM	1.59	85	135.2	10.5	8.4	32.9	Yes	275
23	8:11 AM	1.61	85	136.9	9.9	8.6	36.9	Yes	275
24	8:47 AM	1.63	85	138.6	9.4	8.6	38.3	Yes	275
25	8:30 AM	1.7	85	144.5	8.8	8.5	38.8	Yes	275
26	11:15 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
27	10:28 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
28	8:07 AM	off		#VALUE!	off	off	#VALUE!	#VALUE!	0
29	9:37 AM	0.96	85	81.6	11.3	9.4	41.7	Yes	275
30	8:35 AM	1.8	85	153.0	9.0	8.0	32.3	Yes	275
31	8:11 AM	1.66	85	141.1	8.7	8.0	32.4	Yes	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