

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

County: **Yamhill**
 Month/Year: **DEC. 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 ¹ [NTU]
1	0.030	0.030	0.030	0.032	0.031	OFF	0.032
2	OFF	OFF	OFF	0.030	0.031	0.030	0.031
3	0.037	0.033	0.031	0.031	0.044	0.033	0.044
4	0.032	0.031	0.056	0.034	0.032	0.031	0.056
5	0.031	0.035	0.032	0.031	0.031	0.035	0.035
6	0.032	0.031	0.031	OFF	0.031	0.031	0.032
7	0.031	0.035	0.033	0.032	0.031	0.036	0.036
8	0.033	0.032	OFF	OFF	OFF	OFF	0.033
9	OFF	OFF	OFF	OFF	0.031	0.033	0.033
10	0.038	0.035	0.034	0.033	0.039	0.034	0.039
11	0.033	0.032	0.038	0.034	0.032	0.031	0.038
12	0.037	0.032	0.032	0.031	0.038	0.032	0.038
13	0.031	0.031	OFF	OFF	OFF	OFF	0.031
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	0.040	0.071	0.050	0.071
16	0.041	0.048	0.052	0.061	0.035	0.032	0.061
17	0.040	0.034	0.033	0.032	0.039	0.034	0.040
18	0.035	0.035	0.068	0.040	0.036	0.035	0.068
19	0.035	0.037	0.034	0.033	0.032	0.037	0.037
20	0.033	0.032	0.032	0.037	0.033	0.032	0.037
21	0.032	0.031	0.036	0.032	0.031	0.040	0.040
22	0.032	0.032	0.031	OFF	OFF	OFF	0.320
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	0.034	0.035	0.033	0.032	0.032	0.035
25	0.036	0.033	0.032	0.032	0.036	0.032	0.036
26	OFF	OFF	OFF	0.032	0.035	0.035	0.035
27	0.034	0.039	0.035	0.034	0.034	0.040	0.040
28	0.035	0.034	0.033	0.041	0.035	0.033	0.041
29	0.032	0.044	0.034	OFF	OFF	OFF	0.044
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	0.032	0.032	0.056	0.033	0.056

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes	No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes	No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes	No	PRINTED NAME: Darrel Lockard SIGNATURE: <i>Darrel Lockard</i> DATE: 1/10/25 PHONE #: (541) 222-9997 CERT #: 2853	
Notes:				

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 - Drinking Water Program - Surface Water Quality Data Form

WTP - : WTP-D

System Name: City of Amity	ID#: 41 00041	Month/Year: DEC.24	Disinfection Giardia Log Inactiv:	0.5
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Date	Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	10:00 AM	1.6	85	136.0	7.5	8.0	34.9	Yes	275
2	12:35 PM	1.6	85	136.0	6.4	7.6	32.5	Yes	300
3	8:14 AM	1.26	85	107.1	3.6	8.6	55.5	Yes	275
4	7:45 AM	1.51	85	128.4	4.1	9.7	82.6	Yes	275
5	8:04 AM	1.52	85	129.2	2.5	9.7	92.7	Yes	275
6	8:43 AM	1.9	85	161.5	4.2	8.1	47.2	Yes	275
7	10:09 AM	1.89	85	160.7	3.9	9.1	69.9	Yes	275
8	11:13 AM	1.84	85	156.4	6.5	9.0	55.7	Yes	275
9	8:43 AM	1.74	85	147.9	7.1	9.2	56.9	Yes	275
10	8:09 AM	2.04	85	173.4	4.7	9.3	72.6	Yes	275
11	8:37 AM	1.66	85	141.1	3.7	9.1	69.0	Yes	275
12	8:09 AM	1.73	85	147.1	5.1	8.0	41.8	Yes	275
13	7:47 AM	1.78	85	151.3	4.9	7.7	38.2	Yes	275
14	9:30 AM	OFF	OFF		OFF		#VALUE!	#VALUE!	0
15	11:14 AM	1.55	85	131.8	7.6	8.5	41.4	Yes	275
16	7:34 AM	1.77	85	150.5	6.0	9.4	66.5	Yes	275
17	7:42 AM	1.85	85	157.3	6.0	7.6	34.4	Yes	275
18	7:38 AM	1.81	85	153.9	6.3	7.5	32.4	Yes	275
19	8:09 AM	1.72	85	146.2	7.9	7.5	28.7	Yes	295
20	7:53 AM	1.81	85	153.9	7.9	7.5	29.0	Yes	296
21	10:00 AM	1.77	85	150.5	7.9	7.5	28.9	Yes	295
22	9:00 AM	1.64	85	139.4	7.9	7.5	28.5	Yes	295
23	8:33 AM	OFF	OFF	#VALUE!	OFF		#VALUE!	#VALUE!	0
24	7:40 AM	1.68	85	142.8	8.0	8.2	36.6	Yes	275
25	9:30 AM	1.7	85	144.5	8.0	8.0	34.1	Yes	275
26	10:00 AM	1.7	85	144.5	9.1	7.9	30.5	Yes	275
27	8:32 AM	1.87	85	159.0	7.3	7.6	31.6	Yes	294
28	11:21 AM	1.6	85	136.0	6.7	7.6	31.9	Yes	286
29	10:43 AM	1.64	85	139.4	7.5	7.6	30.3	Yes	275
30	7:55 AM	OFF	85	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	0
31	8:05 AM	1.44	85	122.4	7.3	7.7	31.1	Yes	294

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

Revised October 2013