

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

County: **COOS**
 Month/Year: **May-21**

System Name: ID#: **4100074** WTP : **TP -**

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	OFF	0.02	0.02	0.02	0.02	OFF	0.02
2	OFF	0.06	0.03	0.02	0.06	0.03	0.06
3	0.03	0.03	0.03	0.03	0.02	OFF	0.03
4	0.03	0.03	0.03	0.02	0.02	0.02	0.03
5	0.03	0.06	0.06	0.04	0.03	0.03	0.06
6	0.02	0.03	0.03	0.03	0.02	OFF	0.03
7	0.03	0.03	0.02	0.02	OFF	OFF	0.03
8	0.03	0.07	0.03	0.03	0.03	0.02	0.07
9	OFF	0.03	0.03	0.03	0.02	OFF	0.03
10	OFF	0.03	0.02	0.02	0.02	0.02	0.03
11	OFF	0.11	0.04	0.03	0.03	0.03	0.11
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	OFF	0.03	0.03	0.03	0.03	0.07	0.03
14	OFF	0.14	0.03	0.03	0.13	0.03	0.14
15	OFF	0.03	0.03	0.03	0.03	OFF	0.03
16	OFF	0.03	0.03	0.03	0.03	OFF	0.03
17	OFF	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.15	0.03	0.03	0.03	0.15	0.15
19	0.03	0.03	0.03	0.03	0.03	0.02	0.03
20	OFF	0.03	0.03	0.03	0.02	OFF	0.03
21	OFF	0.03	0.15	0.03	0.03	0.02	0.15
22	OFF	0.14	0.03	0.03	0.12	OFF	0.14
23	OFF	0.03	0.12	0.03	0.04	OFF	0.12
24	0.03	0.03	0.03	0.03	OFF	0.03	0.03
25	0.03	0.12	0.03	0.03	0.03	OFF	0.12
26	0.03	0.12	0.04	0.04	0.03	0.03	0.12
27	OFF	0.03	0.11	0.06	0.03	OFF	0.11
28	0.03	0.14	0.03	0.16	0.04	0.05	0.16
29	OFF	0.11	0.04	0.12	0.03	0.04	0.12
30	0.03	0.10	0.03	0.08	0.03	0.03	0.10
31	0.07	0.03	0.04	0.06	0.04	0.09	0.09

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

Notes: PRINTED NAME: **JAMES J. YOURAVISH**

SIGNATURE: *J. Youravish* DATE: **6-4-21**

PHONE #: **(541)-347-3007** CERT #: **T-09155**

¹ Including continuous NTU 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 Efl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:				ID#: 4100074	Month/Year:	May-21	WTP - : Disinfection <i>Giardia</i> Log Inactiv: 0.5	
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.57	445	253.7	12.5	7.60	19.1	YES	579
2	0.54	445	240.3	12.4	7.60	19.3	YES	613
3	0.52	445	231.4	12.7	7.57	18.6	YES	665
4	0.55	445	244.8	12.9	7.34	16.9	YES	1506
5	0.53	445	235.9	13.0	7.38	17.0	YES	914
6	0.53	445	235.9	13.1	7.39	16.9	YES	1547
7	0.51	445	227.0	13.1	7.45	17.3	YES	638
8	0.51	445	227.0	13.0	7.53	17.9	YES	604
9	0.52	445	231.4	13.1	7.54	17.9	YES	681
10	0.48	445	213.6	13.3	7.52	17.4	YES	1538
11	0.46	445	204.7	13.5	7.35	16.1	YES	1046
12	0.46	445	204.7	13.6	7.28	15.6	YES	668
13	0.47	445	209.2	13.8	7.35	15.8	YES	1810
14	0.5	445	222.5	13.9	7.36	15.8	YES	721
15	0.5	445	222.5	13.8	7.54	17.0	YES	785
16	0.51	445	227.0	13.7	7.43	16.5	YES	911
17	0.52	445	231.4	13.8	7.58	17.3	YES	948
18	0.52	445	231.4	13.7	7.44	16.6	YES	731
19	0.55	445	244.8	13.7	7.92	19.8	YES	1316
20	0.57	445	253.7	13.3	7.92	20.4	YES	1517
21	0.58	445	258.1	13.6	7.94	20.2	YES	910
22	0.6	445	267.0	13.3	7.91	20.4	YES	632
23	0.6	445	267.0	13.3	7.87	20.1	YES	677
24	0.59	445	262.6	13.5	7.80	19.3	YES	646
25	0.58	445	258.1	13.5	7.67	18.4	YES	1777
26	0.56	445	249.2	13.3	7.59	18.1	YES	1208
27	0.55	445	244.8	13.7	7.45	16.7	YES	683
28	0.53	445	235.9	13.6	7.47	16.9	YES	788
29	0.55	445	244.8	13.8	7.45	16.6	YES	719
30	0.53	445	235.9	13.7	7.41	16.4	YES	1057
31	0.62	445	275.9	14.0	7.44	16.4	YES	870

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

Revised October 2013