

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:

COOS

Month/Year:

Jun-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	0.03	0.04	0.04	0.04	0.04	OFF	0.04
2	0.03	0.12	0.04	0.03	0.03	OFF	0.12
3	0.04	0.13	0.03	0.03	0.04	0.03	0.13
4	OFF	0.06	0.05	0.04	OFF	OFF	0.06
5	0.05	0.05	0.04	0.04	0.04	OFF	0.05
6	OFF	0.17	0.04	0.03	0.03	0.03	0.17
7	0.03	0.16	0.03	0.09	0.04	OFF	0.16
8	0.05	0.05	0.05	0.04	0.05	0.04	0.05
9	OFF	0.06	0.06	0.04	0.04	0.04	0.06
10	0.05	0.17	0.05	0.05	0.05	OFF	0.17
11	0.05	0.18	0.06	0.05	0.05	OFF	0.18
12	OFF	0.07	0.06	0.05	0.05	OFF	0.06
13	OFF	0.07	0.06	0.07	0.07	OFF	0.07
14	OFF	0.07	0.06	0.05	0.05	OFF	0.07
15	0.06	0.07	0.09	0.13	OFF	OFF	0.13
16	0.07	0.07	0.05	0.05	0.04	0.04	0.07
17	OFF	0.18	0.05	0.05	0.05	OFF	0.18
18	0.05	0.14	0.06	0.05	0.04	OFF	0.14
19	0.05	0.06	0.05	0.05	0.04	OFF	0.06
20	OFF	0.06	0.05	0.05	0.12	0.04	0.12
21	OFF	0.05	0.06	0.04	0.05	OFF	0.06
22	0.07	0.16	0.05	0.05	0.05	0.10	0.16
23	0.05	0.12	0.05	0.04	0.04	OFF	0.12
24	OFF	0.05	0.05	0.05	0.05	OFF	0.05
25	0.05	0.05	0.05	0.04	0.04	OFF	0.05
26	0.05	0.07	0.05	0.04	0.04	OFF	0.07
27	OFF	0.05	0.05	0.04	0.05	0.04	0.05
28	0.05	0.15	0.05	0.08	0.04	0.04	0.15
29	0.05	0.12	0.06	0.07	0.05	0.04	0.12
30	OFF	0.06	0.13	0.04	0.04	OFF	0.13
31							

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes / No

CT's met everyday?
(see back)All Cl2 residual at entry point
 \geq 0.2 mg/l?All 4-hour turbidity readings \leq 1 NTU?

Yes / No

Yes / No

All turbidity readings < IFE² triggers

Yes / No

Yes / No

Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE:

DATE: 7-7-2021

PHONE #: (541) 347-3001

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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	ID#: 4100074	Month/Year:	Jun-21	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	0.72	445	320.4	14.0	7.34	16.0	YES	788
2	0.73	445	324.9	14.4	7.45	16.2	YES	724
3	0.73	445	324.9	14.6	7.41	15.8	YES	901
4	0.71	445	316.0	14.8	7.33	15.1	YES	700
5	0.7	445	311.5	14.9	7.42	15.5	YES	894
6	0.69	445	307.1	15.0	7.34	14.9	YES	1054
7	0.81	445	360.5	14.9	7.46	15.9	YES	901
8	0.78	445	347.1	14.9	7.49	16.0	YES	782
9	0.74	445	329.3	14.6	7.53	16.5	YES	742
10	0.7	445	311.5	14.6	7.58	16.8	YES	850
11	0.64	445	284.8	14.5	7.62	17.0	YES	769
12	0.6	445	267.0	14.4	7.64	17.2	YES	705
13	0.57	445	253.7	14.4	7.61	16.9	YES	649
14	0.54	445	240.3	14.4	7.57	16.6	YES	899
15	0.53	445	235.9	14.7	7.54	16.1	YES	733
16	0.52	445	231.4	14.9	7.38	14.9	YES	1463
17	0.53	445	235.9	14.9	7.35	14.8	YES	1141
18	0.53	445	235.9	15.2	7.32	14.3	YES	740
19	0.53	445	235.9	15.4	7.31	14.1	YES	948
20	0.55	445	244.8	15.9	7.30	13.6	YES	800
21	0.6	445	267.0	15.8	7.38	14.2	YES	728
22	0.62	445	275.9	15.7	7.40	14.4	YES	768
23	0.69	445	307.1	15.8	7.47	14.8	YES	709
24	0.69	445	307.1	15.7	7.49	15.0	YES	952
25	0.69	445	307.1	16.0	7.50	14.8	YES	780
26	0.69	445	307.1	16.1	7.49	14.7	YES	978
27	0.69	445	307.1	16.3	7.53	14.7	YES	989
28	0.68	445	302.6	16.4	7.49	14.3	YES	816
29	0.69	445	307.1	16.5	7.58	14.7	YES	913
30	0.64	445	284.8	16.6	7.81	15.9	YES	974
31							NO	

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

Revised October 2013