


Day	Turbidity							Viral CT's							Clearwell level (ft)
	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest NTU of the day 1	Minimum Cl2 Residual at 1st User (C) [mg/L] 2	Contact Time (T) [minutes]	Actual CT C X T	Temp (°C)	Required CT [from table next page]	Peak Hour Demand Flow [gpm]	Required CT Met? 2 [Yes / No]	
1	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.89	69.13	61.52	10.9	6	4678	Yes	31.63
2	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.76	75.34	57.26	10.9	6	4713	Yes	34.73
3	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.82	75.38	61.81	11.0	6	4472	Yes	32.97
4	0.06	0.08	0.07	0.07	0.04	0.04	0.09	0.99	60.34	59.74	11.2	6	4390	Yes	25.91
5	OFF	OFF	0.04	0.05	0.04	OFF	0.05	0.95	84.84	80.60	10.2	6	4389	Yes	36.42
6	OFF	OFF	0.05	0.05	OFF	OFF	0.06	0.91	76.80	69.89	10.6	6	4421	Yes	33.21
7	OFF	OFF	0.04	0.05	OFF	OFF	0.06	0.88	80.18	70.56	11.0	6	4625	Yes	36.27
8	OFF	OFF	0.05	0.05	OFF	OFF	0.05	0.91	68.98	62.77	11.6	6	4685	Yes	31.61
9	OFF	OFF	OFF	0.05	0.06	OFF	0.10	0.85	63.88	54.30	11.0	6	4398	Yes	27.48
10	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.86	84.67	72.82	11.2	6	4348	Yes	36.01
11	OFF	OFF	0.06	0.06	0.08	OFF	0.09	0.75	78.52	58.89	11.1	6	4469	Yes	34.32
12	OFF	OFF	0.07	0.06	OFF	OFF	0.08	0.86	73.76	63.43	11.3	6	4426	Yes	31.93
13	OFF	OFF	0.07	0.05	OFF	OFF	0.07	0.76	82.93	63.03	10.5	6	4485	Yes	36.38
14	OFF	OFF	0.07	0.07	OFF	OFF	0.08	0.86	79.32	68.22	11.1	6	4497	Yes	34.89
15	OFF	OFF	0.07	0.06	OFF	OFF	0.09	0.83	81.35	67.52	11.1	6	4488	Yes	35.71
16	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.79	79.33	62.67	11.2	6	4422	Yes	34.31
17	OFF	OFF	0.07	0.07	0.07	0.06	0.08	0.70	80.28	56.20	10.4	6	4368	Yes	34.30
18	OFF	OFF	0.06	0.05	0.05	OFF	0.08	0.70	78.14	54.70	10.0	6	4374	Yes	33.43
19	OFF	OFF	0.04	0.05	0.06	OFF	0.07	0.88	84.88	74.70	10.2	6	4388	Yes	36.43
20	OFF	OFF	0.04	0.05	OFF	OFF	0.05	0.81	88.68	71.83	9.6	8	4425	Yes	38.38
21	OFF	OFF	0.04	0.05	OFF	OFF	0.05	0.88	79.02	69.53	10.2	6	4561	Yes	35.25
22	OFF	OFF	0.05	0.06	OFF	OFF	0.06	0.90	76.23	68.61	10.5	6	4572	Yes	34.09
23	OFF	OFF	OFF	0.05	0.06	OFF	0.06	0.77	79.78	61.43	10.4	6	4384	Yes	34.21
24	OFF	OFF	0.04	0.05	0.06	OFF	0.07	0.81	80.16	64.93	10.2	6	4371	Yes	34.27
25	OFF	OFF	0.05	0.06	0.06	OFF	0.06	0.74	85.67	63.39	10.0	6	4343	Yes	36.39
26	OFF	OFF	0.05	0.06	0.06	OFF	0.07	0.74	75.03	55.53	10.1	6	4397	Yes	32.27
27	OFF	OFF	0.05	0.06	OFF	OFF	0.07	0.81	80.70	65.37	10.3	6	4428	Yes	34.95
28	OFF	OFF	0.07	0.08	OFF	OFF	0.09	0.84	72.50	60.90	10.3	6	4586	Yes	32.52
29															
30															
31															

<p><b>Conventional or Direct Filtration</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No</p> <p>All the 4-hour turbidity readings &lt; 1 NTU? <input checked="" type="radio"/> Yes / No</p> <p>All turbidity readings &lt; IFE triggers? <input checked="" type="radio"/> Yes / No3</p>	<p><b>Monthly Summary (circle Yes or No)</b></p> <p>Virus CT's met everyday? <input checked="" type="radio"/> Yes / No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/L? <input checked="" type="radio"/> Yes / No</p>
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<p><b>Monthly UV Summary (circle Yes or No)</b></p> <p>Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes / No</p>	<p>PHONE#: (503) 266-6400</p> <p>CERT #: 6980</p> <p>DATE: 03/03/26</p> <p>PRINTED NAME: Dean Harvey</p> <p>SIGNATURE: </p>
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1 Highest NTU of the day is for optimization, not compliance. Highest is only for state-wide tracking of performance among all treatment systems.  
 2 If CT not met or Cl2 at entry point (1st user) < 0.2 mg/L, notify DWS within 24 hours.  
 3 IFE= Individual Filter Effluent (OAR 333-061-0040(1)(e)(B&C))

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Conventional or Direct Filtration with UV *Giardia/Crypto* Disinfection**

**County:** Clackamas  
**Month/Year:** February-2026  
**WTP ID:** A

**System Name:** Canby Utility **ID# 41- 00157**

Minimum UVT during month: 97.50% % Duty sensor variation from reference sensor %: 1.93%  
 Minimum Validated UVT: 54% Min. UV Intensity achieved/intended this month: 3.45 / 2.67 mW/cm2

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[mW/cm2]	[ Y or N ]	[mgal]	[mgal]	(Mo. Sum {B}) / (Mo. Sum {A}) * 100 [%]
1	701	4.4	Y	1.643	0	0
2	607	3.83	Y	1.704	0	0
3	683	3.99	Y	1.570	0	0
4	644	3.59	Y	2.689	0	0
5	545	3.45	Y	1.513	0	0
6	569	3.49	Y	1.775	0	0
7	743	4.66	Y	1.755	0	0
8	505	3.5	Y	1.478	0	0
9	488	3.45	Y	1.294	0	0
10	715	4.49	Y	1.900	0	0
11	577	3.69	Y	1.362	0	0
12	643	3.79	Y	1.875	0	0
13	639	3.69	Y	1.667	0	0
14	780	3.59	Y	1.347	0	0
15	565	3.49	Y	1.457	0	0
16	471	3.49	Y	1.496	0	0
17	594	3.86	Y	1.209	0	0
18	619	3.95	Y	1.772	0	0
19	651	3.84	Y	1.617	0	0
20	639	3.71	Y	1.633	0	0
21	614	3.86	Y	1.490	0	0
22	626	3.95	Y	1.484	0	0
23	852	4.56	Y	1.391	0	0
24	570	4.16	Y	1.392	0	0
25	639	4.06	Y	1.806	0	0
26	606	3.53	Y	1.395	0	0
27	885	4.4	Y	2.003	0	0
28	566	3.65	Y	1.490	0	0
29				0.000	0	#DIV/0!
30				0.000	0	#DIV/0!
31				0.000	0	#DIV/0!
Monthly Cumulative % Off-Spec Water Produced 4						

4 If ≥ 5% of total water produced is off-spec., notify DWS within 24 hours.

<b>For previous page calculation - Required CT for viral inactivation (for pH range of 6.0 to 9.9)</b>						
Temp (C°)	0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 -24.9	≥ 25.0 C
<b>Required CT</b>	<b>12</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>2</b>

**Return by 10th of following month by email, fax or mail to:**

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350