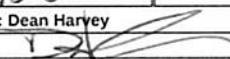


Day	Turbidity							Viral CT's							Clearwell level (ft)
	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest NTU of the day 1	Minimum Cl2 Residual at 1st User (C) [mg/L] 2	Contact Time (T) [minutes]	Actual CT C X T	Temp (°C)	Required CT [from table next page]	Peak Hour Demand Flow [gpm]	Required CT Met? 2 [Yes / No]	
1	OFF	OFF	0.05	0.06	OFF	OFF	0.07	0.80	72.91	58.32	10.1	6	4639	Yes	33.08
2	OFF	OFF	0.05	0.06	OFF	OFF	0.07	0.83	82.23	68.25	10.7	6	4420	Yes	35.55
3	OFF	OFF	0.05	0.08	OFF	OFF	0.09	0.79	85.39	67.46	11.0	6	4509	Yes	37.66
4	OFF	OFF	0.05	0.07	OFF	OFF	0.08	0.72	82.71	59.55	11.5	6	4539	Yes	36.72
5	OFF	OFF	0.05	0.06	OFF	OFF	0.08	0.54	88.17	47.61	11.4	6	4381	Yes	37.78
6	OFF	OFF	0.07	0.08	OFF	OFF	0.08	0.72	71.66	51.60	11.8	6	4434	Yes	31.08
7	OFF	OFF	0.07	0.07	OFF	OFF	0.08	0.72	71.06	51.16	11.7	6	4610	Yes	32.04
8	OFF	OFF	0.07	0.06	OFF	OFF	0.08	0.76	80.53	61.20	12.2	6	4572	Yes	36.01
9	OFF	OFF	0.04	0.05	OFF	OFF	0.06	0.72	86.91	62.58	11.6	6	4455	Yes	37.87
10	OFF	OFF	0.04	0.05	OFF	OFF	0.05	0.84	78.95	66.32	12.1	6	4438	Yes	34.27
11	OFF	OFF	0.05	0.04	OFF	OFF	0.05	0.78	88.98	69.40	11.2	6	4341	Yes	37.78
12	OFF	OFF	0.04	0.05	OFF	OFF	0.08	0.90	83.16	74.84	12.0	6	4335	Yes	35.26
13	OFF	OFF	OFF	0.05	0.06	OFF	0.09	0.78	61.15	47.70	12.2	6	4409	Yes	26.37
14	OFF	OFF	0.04	0.07	0.07	OFF	0.09	0.87	73.81	64.22	12.2	6	4614	Yes	33.31
15	OFF	OFF	0.05	0.05	OFF	OFF	0.07	0.79	71.01	56.10	12.1	6	4603	Yes	31.97
16	OFF	OFF	0.04	0.04	OFF	OFF	0.05	0.74	83.88	62.07	11.5	6	4389	Yes	36.01
17	OFF	OFF	0.05	0.07	OFF	OFF	0.07	0.77	84.71	65.22	11.9	6	4373	Yes	36.23
18	OFF	OFF	0.06	0.05	0.05	OFF	0.06	0.58	79.36	46.03	12.2	6	4383	Yes	34.02
19	OFF	OFF	0.04	0.05	OFF	OFF	0.06	0.75	74.39	55.79	13.9	6	4438	Yes	32.29
20	OFF	OFF	0.05	0.05	OFF	OFF	0.07	0.73	75.67	55.24	13.7	6	4463	Yes	33.03
21	OFF	OFF	0.06	0.06	OFF	OFF	0.07	0.72	79.78	57.44	13.7	6	4602	Yes	35.91
22	OFF	OFF	0.07	0.07	OFF	OFF	0.08	0.73	78.18	57.07	13.6	6	4541	Yes	34.72
23	OFF	OFF	0.07	0.07	OFF	OFF	0.08	0.73	73.79	53.87	13.2	6	4478	Yes	32.32
24	OFF	OFF	0.04	0.04	OFF	OFF	0.09	0.61	77.04	46.99	13.5	6	4389	Yes	33.07
25	OFF	OFF	0.07	0.05	OFF	OFF	0.07	0.76	73.58	55.92	13.4	6	4437	Yes	31.93
26	OFF	OFF	0.04	0.04	OFF	OFF	0.06	0.81	79.63	64.50	12.6	6	4490	Yes	34.97
27	OFF	OFF	0.05	0.05	0.06	OFF	0.06	0.81	79.72	64.58	12.5	6	4500	Yes	35.09
28	OFF	OFF	0.06	0.06	OFF	OFF	0.08	0.85	75.35	64.04	12.9	6	4619	Yes	34.04
29	OFF	OFF	0.07	0.07	OFF	OFF	0.08	0.85	73.82	62.75	13.4	6	4616	Yes	33.33
30	OFF	OFF	0.05	0.05	OFF	OFF	0.05	0.82	82.36	67.54	12.5	6	4501	Yes	36.26
31	OFF	OFF	0.04	0.04	OFF	OFF	0.05	0.87	84.73	73.72	12.9	6	4292	Yes	35.57

Conventional or Direct Filtration		Monthly Summary (circle Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Virus CT's met everyday??	All Cl2 residual at entry point ≥ 0.2 mg/L?2
All the 4-hour turbidity readings < 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE triggers?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Monthly UV Summary (circle Yes or No)		PHONE#: (503) 266-6400	CERT #:6980
Was the volume of off-spec water produced less than 5% for the month?		DATE: 4/6/2026	
<input checked="" type="radio"/> Yes / <input type="radio"/> No		PRINTED NAME: Dean Harvey	
		SIGNATURE: 	

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
 System Name: Canby Utility ID# 41- 00157 WTP ID: _____

County: Clackamas
 Month/Year: March-2026
 WTP ID: A

Minimum UVT during month: 96.16% % Duty sensor variation from reference sensor %: 2.70%
 Minimum Validated UVT: 54% Min. UV Intensity achieved/intended this month: 3.46 / 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	485	3.46	Y	1.695	0	0
2	716	4.56	Y	1.585	0	0
3	646	3.71	Y	1.485	0	0
4	566	3.54	Y	1.550	0	0
5	473	3.54	Y	1.533	0	0
6	550	3.53	Y	1.391	0	0
7	563	3.5	Y	1.808	0	0
8	636	3.59	Y	1.443	0	0
9	679	3.8	Y	1.606	0	0
10	503	3.8	Y	1.643	0	0
11	673	4.28	Y	1.469	0	0
12	662	4.16	Y	1.606	0	0
13	443	3.48	Y	1.410	0	0
14	515	3.8	Y	1.687	0	0
15	677	3.8	Y	1.791	0	0
16	626	3.51	Y	1.470	0	0
17	651	3.48	Y	1.593	0	0
18	576	3.5	Y	1.503	0	0
19	637	4.06	Y	1.610	0	0
20	484	3.46	Y	1.571	0	0
21	805	4.48	Y	1.470	0	0
22	704	4.45	Y	1.487	0	0
23	573	3.65	Y	1.631	0	0
24	541	3.46	Y	1.511	0	0
25	582	3.49	Y	1.494	0	0
26	690	3.89	Y	1.534	0	0
27	570	3.6	Y	1.718	0	0
28	625	3.7	Y	1.511	0	0
29	808	3.89	Y	1.607	0	0
30	489	3.98	Y	1.546	0	0
31	632	3.75	Y	1.535	0	0
Monthly Cumulative % Off-Spec Water Produced 4						

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

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

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