

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

County: **Douglas**
 Month/Year: **Apr-21**

System Name: Canyonville, City Of		ID#: 41 00169		WTP : TP - A			
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	0.047	0.045	0.047	0.049	0.046	0.044	0.049
2	off	off	off	off	off	off	off
3	off	off	off	off	off	off	off
4	off	off	off	off	off	off	off
5	off	off	off	off	off	off	off
6	off	off	off	0.046	0.056	0.047	0.056
7	0.047	0.046	0.047	0.049	0.052	0.048	0.052
8	0.048	0.047	0.047	0.082	0.049	0.047	0.082
9	0.048	off	off	off	off	off	0.048
10	off	off	off	off	off	off	off
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	off	off	off	0.047	0.058	0.046	0.058
14	0.045	0.046	0.046	0.046	0.053	0.048	0.053
15	0.047	0.044	0.045	0.044	0.049	0.047	0.049
16	0.045	0.045	0.046	0.046	0.049	0.069	0.069
17	off	off	off	off	off	off	off
18	off	off	off	off	off	off	off
19	off	off	off	0.119	0.048	0.044	0.119
20	0.045	0.046	0.069	0.051	0.050	0.047	0.069
21	0.046	0.045	0.044	0.054	0.048	0.046	0.054
22	0.047	0.047	0.046	0.047	0.048	0.047	0.048
23	off	off	off	off	off	off	off
24	off	off	off	off	off	off	off
25	off	off	off	off	off	off	off
26	off	off	off	0.049	0.053	0.051	0.053
27	0.049	0.047	0.048	0.050	0.050	0.048	0.050
28	0.048	0.047	0.046	0.083	0.047	0.049	0.083
29	0.049	0.049	0.047	0.053	0.049	0.048	0.053
30	0.048	0.072	0.047	0.046	off	off	off
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met every day? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		

Notes:

PRINTED NAME: **BRIAN KELLY**

SIGNATURE: *Brian Kelly* DATE: **5-5-21**

PHONE #: **(541) 580-2581** CERT #: **2-8441 / 7-8301**

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through correspond to continuous readings' maximum. ² IFE = Individ. Filter Eff. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP-: WTP-A Month/Year:

April 2021

Required Log
Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
April	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/ 3:30 ^P _m	2.05	21	43	11.5	7.83	30	yes	370
2/ OFF	-	-	-	-	-	-	-	OFF
3/ OFF	-	-	-	-	-	-	-	OFF
4/ OFF	-	-	-	-	-	-	-	OFF
5/ OFF	-	-	-	-	-	-	-	OFF
6/ 9:35 ^A _m	1.56	21	33	13.4	7.77	29	yes	370
7/ 2:55 ^P _m	2.03	21	43	11.8	7.81	30	yes	370
8/ 10:40 ^A _m	1.87	21	39	12.4	7.59	30	yes	370
9/ OFF	-	-	-	-	-	-	-	OFF
10/ OFF	-	-	-	-	-	-	-	OFF
11/ OFF	-	-	-	-	-	-	-	OFF
12/ OFF	-	-	-	-	-	-	-	OFF
13/ 9:20 ^A _m	1.99	21	42	12.6	7.77	30	yes	370
14/ 6:35 ^A _m	1.90	21	40	11.0	7.86	30	yes	370
15/ 3:50 ^P _m	1.65	21	35	11.7	7.87	29	yes	370
16/ 3:30 ^P _m	1.61	21	34	12.4	7.93	29	yes	370
17/ OFF	-	-	-	-	-	-	-	OFF
18/ OFF	-	-	-	-	-	-	-	OFF
19/ 9:10 ^A _m	1.51	21	32	14.3	7.85	28	yes	370
20/ 2:00 ^P _m	1.71	21	34	14.4	7.86	29	yes	370
21/ 7:00 ^A _m	1.51	21	32	13.9	7.87	28	yes	370
22/ 2:30 ^P _m	1.60	21	37	13.1	7.80	29	yes	370
23/ OFF	-	-	-	-	-	-	-	OFF
24/ OFF	-	-	-	-	-	-	-	OFF
25/ OFF	-	-	-	-	-	-	-	OFF
26/ 11:30 ^A _m	1.51	21	32	13.7	7.88	28	yes	370
27/ 3:25 ^P _m	1.90	21	40	13.0	7.88	30	yes	370
28/ 2:50 ^P _m	1.69	21	35	13.3	7.86	29	yes	370
29/ 9:20 ^A _m	1.64	21	34	14.2	7.76	29	yes	370
30/ 11:30 ^A _m	1.51	21	32	13.6	7.83	28	yes	370
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf