

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

County: Douglas
Month/Year: Jul-21

System Name: Canyonville, City Of		ID#: 41 00169		WTP : TP - A		Highest Reading of the Day ¹ [NTU]	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1	off	off	off	off	0.041	0.036	0.041
2	0.035	off	off	off	0.033	0.038	0.038
3	0.045	off	off	0.035	0.035	off	0.045
4	off	off	0.039	0.034	0.038	0.041	0.041
5	off	off	0.048	off	off	off	0.048
6	off	off	off	off	0.037	0.037	0.037
7	0.037	0.041	off	0.039	0.038	0.035	0.041
8	0.035	0.041	0.041	off	0.039	0.036	0.041
9	0.035	0.034	off	0.036	0.038	0.034	0.038
10	0.034	off	off	off	0.037	0.035	0.037
11	off	off	off	off	off	off	off
12	off	off	off	0.048	0.041	0.039	0.048
13	0.038	0.040	0.038	0.044	0.042	0.039	0.044
14	0.038	0.039	0.040	0.046	0.042	0.039	0.046
15	0.040	off	off	0.041	0.043	off	0.043
16	off	off	off	0.045	0.046	0.045	0.046
17	off	off	off	off	off	off	off
18	off	off	0.047	0.044	off	off	0.047
19	off	off	0.089	off	off	off	0.089
20	off	off	off	off	0.059	0.060	0.060
21	0.059	0.057	0.056	0.061	0.064	0.061	0.064
22	0.058	0.056	0.058	0.068	0.062	0.060	0.068
23	0.058	off	off	off	off	off	0.058
24	off	off	off	off	0.064	0.065	0.065
25	0.065	0.063	0.065	off	0.068	0.069	0.069
26	off	off	off	off	off	off	off
27	off	off	off	0.076	0.081	0.074	0.081
28	0.069	0.069	0.070	0.071	0.084	0.074	0.084
29	0.070	0.069	0.070	off	0.077	0.088	0.088
30	off	off	off	0.073	0.073	0.082	0.082
31	0.075	off	off	0.077	0.076	off	0.077

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: BRIAN KELLY SIGNATURE: <i>[Signature]</i> DATE: 8-5-21 PHONE #: (541) 580-2581 CERT #: <i>[Cert #]</i>	

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 = In:divid. Filter Eff. (333-061-0040(1)(e)(B&C))
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OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP--: WTP-A Month/Year: July 2021

Required Log Inactivation: 0.5/1.0

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
July	[ppm or mg/L]	[minutes]	C XT			Use tables	Yes / No	[GPM]
1/2:00 P	1.49	21	31	22.7	7.76	28	yes	500
2/3:30 P	1.58	21	33	21.0	7.90	29	yes	500
3/10:56 A	1.58	21	33	20.0	7.80	29	yes	500
4/8:20 A	1.41	21	30	20.9	7.84	28	yes	500
5/9:52 A	1.44	21	30	20.2	7.85	28	yes	500
6/3:30 P	1.43	21	30	21.1	7.95	28	yes	500
7/8:30 A	1.65	21	34	20.1	7.88	29	yes	500
8/3:30 P	1.47	21	31	20.2	7.89	28	yes	500
9/1:45 P	1.45	21	30	21.1	7.76	28	yes	500
10/12:45 P	1.54	21	32	21.3	7.75	28	yes	500
11/ off	-	-	-	-	-	-	-	off
12/3:30 P	1.48	21	31	23.1	7.81	28	yes	500
13/1:45 P	1.53	21	32	22.0	7.79	28	yes	500
14/6:45 A	1.60	21	34	21.5	7.72	29	yes	500
15/3:20 P	1.50	21	31	21.9	7.80	28	yes	500
16/11:30 A	1.71	21	36	22.4	7.70	29	yes	500
17/ off	-	-	-	-	-	-	-	off
18/2:00 P	1.66	21	34	21.8	7.81	29	yes	500
19/8:45 A	2.02	21	42	19.9	7.82	41	yes	500
20/4:00 P	2.03	21	42	19.8	7.75	41	yes	500
21/10:00 A	2.07	21	43	19.1	7.73	41	yes	500
22/10:10 A	2.09	21	44	18.3	7.75	41	yes	500
23/11:15 A	2.05	21	43	19.2	7.72	41	yes	500
24/8:15 A	2.05	21	43	18.8	7.81	41	yes	500
25/8:30 A	2.07	21	43	18.9	7.80	41	yes	500
26/ off	-	-	-	-	-	-	-	off
27/2:15 P	2.02	21	42	20.2	7.85	30	yes	500
28/2:00 P	1.44	21	30	21.1	7.88	28	yes	500
29/8:30 A	1.45	21	30	21.9	7.81	28	yes	500
30/12:40 P	1.44	21	30	22.2	7.80	28	yes	500
31/10:05 A	1.48	21	31	22.8	7.80	28	yes	500

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/HealthvEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf