

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

County: Douglas
 Month/Year: Oct. 21
 WTP : TP - A

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	0.062	0.064	0.064	0.063	0.064	0.061	0.064	
2	off	off	off	off	off	off	off	
3	off	off	off	off	off	off	off	
4	off	off	off	off	0.074	0.067	0.074	
5	0.063	0.059	0.062	0.065	0.071	0.073	0.073	
6	0.079	0.072	0.098	0.126	0.129	0.101	0.129	
7	off	off	off	0.076	0.069	0.069	0.076	
8	off	off	off	0.068	0.064	0.063	0.068	
9	off	off	off	off	off	off	off	
10	off	off	off	off	off	off	off	
11	off	off	off	off	off	off	off	
12	off	off	off	0.064	off	0.072	0.072	
13	0.067	0.067	0.066	0.067	0.103	0.077	0.103	
14	0.074	0.072	0.071	0.076	0.101	0.076	0.101	
15	off	off	off	0.071	0.069	0.068	0.071	
16	off	off	off	off	off	off	off	
17	off	off	off	off	off	off	off	
18	off	off	off	off	off	off	off	
19	off	off	off	0.073	0.104	0.086	0.104	
20	0.078	0.085	0.135	0.133	0.302	0.248	0.302	
21	0.303	0.244	0.282	off	0.126	0.222	0.303	
22	off	off	0.174	off	0.083	0.075	0.174	
23	0.081	0.083	0.123	0.112	0.144	off	0.144	
24	off	off	off	off	off	off	off	
25	off	off	off	off	off	off	off	
26	off	off	off	off	0.059	0.061	0.061	
27	0.063	0.072	0.081	0.067	0.080	0.084	0.084	
28	0.090	0.084	0.188	0.102	0.085	0.080	0.188	
29	off	off	off	off	off	off	off	
30	off	off	off	off	off	off	off	
31	off	off	off	off	off	off	off	

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

Notes:

PRINTED NAME: BRIM KELLY

SIGNATURE: *[Signature]* DATE: 11-4-21

PHONE #: (541) 580-2581 CERT #: *[Cert #]*

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 Effl. (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:

October 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
OCT	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/3:30 P	1.53	21	32	15.1	7.61	19	yes	370
2/ off	-	-	-	-	-	-	-	off
3/ off	-	-	-	-	-	-	-	off
4/2:10 P	1.55	21	32	16.3	7.58	19	yes	370
5/9:15 A	1.47	21	31	13.5	7.57	28	yes	370
6/3:25 P	1.52	21	32	13.9	7.55	28	yes	370
7/1:15 P	1.41	21	30	13.9	7.56	28	yes	370
8/11:15 A	1.48	21	31	13.6	7.57	28	yes	370
9/ off	-	-	-	-	-	-	-	off
10/ off	-	-	-	-	-	-	-	off
11/ off	-	-	-	-	-	-	-	off
12/2:00 P	1.62	21	34	11.5	7.59	29	yes	370
13/11:00 A	1.56	21	32	11.1	7.62	29	yes	370
14/2:25 P	1.50	21	32	11.9	7.62	29	yes	370
15/9:35 A	1.45	21	30	12.2	7.62	28	yes	370
16/ off	-	-	-	-	-	-	-	off
17/ off	-	-	-	-	-	-	-	off
18/ off	-	-	-	-	-	-	-	off
19/11:45 A	1.56	21	32	12.3	7.63	29	yes	370
20/4:00 P	1.57	21	33	12.7	7.68	29	yes	370
21/3:25 P	1.45	21	30	12.7	7.42	23	yes	370
22/10:00 A	1.45	21	30	13.0	7.32	23	yes	370
23/9:15 A	1.31	21	28	13.2	7.20	23	yes	370
24/ off	-	-	-	-	-	-	-	off
25/ off	-	-	-	-	-	-	-	off
26/2:15 P	1.28	21	27	13.3	7.28	23	yes	370
27/3:45 P	1.30	21	27	13.8	7.40	23	yes	370
28/11:35 A	1.27	21	27	14.2	7.46	23	yes	370
29/ off	-	-	-	-	-	-	-	off
30/ off	-	-	-	-	-	-	-	off
31/ off	-	-	-	-	-	-	-	off

³ If Cl₂ at entry point < 0.2 mg/l, CR 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