

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

County: Douglas
 Month/Year: May-22

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	off	off	off	off	off	off	off
2	off	off	off	off	off	off	off
3	off	off	0.023	0.020	0.021	0.021	0.023
4	0.019	0.018	0.020	0.054	0.021	0.020	0.054
5	0.021	0.020	0.041	0.038	0.022	0.023	0.041
6	off	off	off	0.045	0.025	0.024	0.045
7	off	off	off	off	off	off	off
8	off	off	off	off	off	off	off
9	off	off	off	off	off	off	off
10	off	off	off	off	0.027	0.029	0.029
11	0.022	0.022	0.030	0.027	0.023	0.023	0.030
12	0.022	0.023	0.025	0.031	off	off	0.031
13	off	off	off	off	0.022	0.021	0.022
14	off	off	off	off	off	off	off
15	off	off	off	off	off	off	off
16	off	off	off	off	off	off	off
17	off	off	0.027	0.022	0.026	0.023	0.027
18	0.023	0.023	0.022	0.023	0.026	0.024	0.026
19	0.024	0.025	0.023	0.047	off	off	0.047
20	off	off	off	0.026	0.024	0.025	0.026
21	off	off	off	off	off	off	off
22	off	off	off	off	off	off	off
23	off	off	off	off	0.029	0.025	0.029
24	0.024	0.025	0.032	0.033	0.026	0.025	0.033
25	0.025	0.026	0.025	0.026	0.026	off	0.026
26	off	off	off	0.028	0.029	0.027	0.029
27	0.028	0.028	0.031	0.030	off	off	0.031
28	off	off	off	0.030	0.030	0.029	0.030
29	off	off	off	0.028	0.032	off	0.032
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="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: *[Signature]* DATE: 6-6-22
 PHONE #: (541) 580-2581 CERT #: R-8441 / 1-8301

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 Effl. (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: May 2022

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
<u>May 22</u>	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/ off	-	-	-	-	-	-	-	off
2/ off	-	-	-	-	-	-	-	off
3/ 2:00 P	1.42	21	30	11.9	7.39	23	yes	370
4/ 3:45 P	1.35	21	28	12.9	7.47	23	yes	370
5/ 3:30 P	1.33	21	28	13.7	7.42	23	yes	370
6/ 2:20 P	1.23	21	26	14.3	7.47	23	yes	370
7/ off	-	-	-	-	-	-	-	off
8/ off	-	-	-	-	-	-	-	off
9/ off	-	-	-	-	-	-	-	off
10/ 3:30 P	1.28	21	27	14.8	7.49	23	yes	370
11/ 3:50 P	1.25	21	26	13.4	7.41	23	yes	370
12/ 3:00 P	1.26	21	26	12.4	7.39	23	yes	370
13/ 4:00 P	1.26	21	26	12.7	7.44	23	yes	370
14/ off	-	-	-	-	-	-	-	off
15/ off	-	-	-	-	-	-	-	off
16/ off	-	-	-	-	-	-	-	off
17/ 1:45 P	1.25	21	26	13.7	7.41	23	yes	370
18/ 2:00 P	1.28	21	27	13.8	7.45	23	yes	370
19/ 2:20 P	1.27	21	27	14.1	7.42	23	yes	370
20/ 3:40 P	1.28	21	27	14.3	7.44	23	yes	370
21/ off	-	-	-	-	-	-	-	off
22/ off	-	-	-	-	-	-	-	off
23/ 4:00 P	1.24	21	26	14.8	7.48	23	yes	370
24/ 07:30 A	1.18	21	25	15.9	7.31	15	yes	370
25/ 3:40 P	1.20	21	25	15.7	7.35	15	yes	370
26/ 3:45 P	1.17	21	25	16.7	7.52	15	yes	370
27/ 08:00 A	1.20	21	25	15.7	7.52	15	yes	370
28/ 12:20 P	1.16	21	24	15.2	7.46	15	yes	370
29/ 12:15 P	1.16	21	24	15.7	7.48	15	yes	370
30/ off	-	-	-	-	-	-	-	off
31/ off	-	-	-	-	-	-	-	off

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.