

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

County: Douglas
 Month/Year: Nov-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	0.053	off	off	off	0.053
2	off	off	off	0.068	0.072	0.063	0.072
3	0.055	0.054	off	off	0.065	0.050	0.065
4	0.055	0.054	0.058	0.051	0.050	0.050	0.058
5	off	off	off	off	off	off	off
6	off	off	off	off	off	off	off
7	off	off	off	off	off	off	off
8	off	off	0.054	0.055	0.054	0.055	0.055
9	0.052	0.053	0.057	off	0.062	0.056	0.062
10	0.055	0.057	0.059	off	0.105	0.056	0.105
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	off	off	off	off	off	off	off
14	off	off	off	off	off	off	off
15	off	off	0.065	0.062	0.057	0.056	0.065
16	0.056	0.058	0.054	0.053	0.055	0.076	0.076
17	0.068	off	off	0.056	0.058	0.057	0.068
18	off	off	off	off	off	off	off
19	off	off	off	off	off	off	off
20	off	off	off	off	off	off	off
21	off	off	off	off	0.067	0.065	0.067
22	0.014	0.013	0.012	0.019	0.024	0.016	0.024
23	0.019	0.020	off	off	0.019	0.017	0.020
24	off	off	0.014	0.016	off	off	0.016
25	off	off	0.018	0.021	0.015	off	0.021
26	off	off	0.017	off	off	off	0.017
27	off	off	off	off	off	off	off
28	off	off	off	0.019	0.044	0.059	0.059
29	0.048	0.035	0.058	0.052	off	off	0.058
30	off	off	off	0.026	0.023	0.030	0.030
31							

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: 12-9-22
 PHONE #: (541) 580-2581 CERT #: 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 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: Nov 2022

Required Log Inactivation: O

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
	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/ 0830	1.54	21	32	13.6	7.70	29	yes	370
2/ 3:15	1.47	21	31	13.6	7.60	29	YES	370
3/ 11-3-22	1.48	21	31	11.8	7.57	29	YES	370
4/ 1:25 pm	1.79	21	38	10.8	7.69	30	YES	370
5/ off	—	—	—	—	—	—	—	—
6/ off	—	—	—	—	—	—	—	—
7/ off	—	—	—	—	—	—	—	—
8/ 8:37 AM	1.66	21	36	12.3	7.58	29	YES	370
9/ 9:35 AM	1.67	21	35	10.9	7.48	30	YES	370
10/ 4:00 PM	1.58	21	33	11.1	7.49	29	YES	370
11/ off	—	—	—	—	—	—	—	—
12/ off	—	—	—	—	—	—	—	—
13/ off	—	—	—	—	—	—	—	—
14/ off	—	—	—	—	—	—	—	—
15/ 3:50 PM	1.90	21	40	8.1	7.55	33	YES	370
16/ 9:00 AM	1.63	21	34	7.8	7.55	32	YES	370
17/ 11:35 AM	1.80	21	38	7.1	7.56	33	YES	370
18/ 9:25 AM	1.64	21	34	7.7	7.56	32	YES	370
19/ off	—	—	—	—	—	—	—	—
20/ off	—	—	—	—	—	—	—	—
21/ 1545	1.75	21	37	9.5	7.51	33	YES	370
22/ 1530	1.72	21	36	6.8	7.59	33	YES	370
23/ 1300	1.69	21	35	8.6	7.51	32	YES	370
24/ 0830	1.81	21	38	8.0	7.55	33	YES	370
25/ 0:30	1.84	21	39	7.5	7.54	33	YES	370
26/ 0930	1.94	21	41	7.8	7.44	33	YES	370
27/ off	1.67 off	21 off	35 off	—	—	—	—	—
28/ 1500	1.62	21	35	8.6	7.50	32	YES	370
29/ 0850	1.66	21	35	8.5	7.51	32	YES	370
30/ 1518	1.95	21	41	8.5	7.51	33	YES	370
31/								370

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