

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

County: Douglas  
Month/Year: Dec-23 2022

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 <sup>1</sup> [NTU]
1	off	off	off	off	off	off	off
2	off	off	off	off	off	off	off
3	off	off	off	0.030	0.019	0.015	0.030
4	0.015	0.013	0.016	0.015	0.015	0.016	0.016
5	off	off	off	off	off	off	off
6	off	off	off	0.019	0.013	0.013	0.019
7	0.016	off	off	off	off	off	0.016
8	off	off	off	0.013	off	0.021	0.021
9	off	off	off	off	0.015	0.013	0.015
10	off	off	off	off	off	off	off
11	off	off	off	off	off	off	off
12	off	off	off	0.025	0.017	0.017	0.025
13	0.019	0.018	off	0.026	0.018	0.017	0.026
14	0.017	off	off	off	off	off	0.017
15	off	off	off	off	0.016	0.013	0.016
16	0.017	0.013	off	off	0.026	0.014	0.026
17	off	off	off	off	off	off	off
18	off	off	off	off	off	off	off
19	off	off	off	0.014	0.012	0.011	0.014
20	0.014	0.013	0.015	0.012	0.024	off	0.024
21	off	off	off	0.017	0.020	0.017	0.020
22	off	off	off	off	off	off	off
23	off	off	off	0.016	0.016	0.014	0.016
24	0.014	0.016	off	off	off	off	0.016
25	off	off	off	off	off	off	off
26	off	off	off	0.022	0.018	0.014	0.022
27	0.016	0.027	off	off	off	off	0.027
28	off	off	off	off	off	0.067	0.067
29	0.023	off	off	0.196	0.019	0.016	0.196
30	0.024	0.020	0.015	0.118	0.014	0.126	0.118
31	off	off	off	off	0.036	0.020	0.036

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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: BRINN KELLY
	SIGNATURE: <i>Brinn Kelly</i> DATE: 1-5-23
	PHONE #: (541) 580-2581 CERT #: P-5441 / 1-5-23

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 correspond to continuous readings' maximum. <sup>2</sup> 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: Dec 2022

Required Log Inactivation: 0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/ off	—	—	—	—	—	—	—	off
2/ off	—	—	—	—	—	—	—	off
3/ 0845	1.70	21	36	8.5	7.5	33	yes	370
4/ 1200	1.70	21	36	8.4	7.5	33	yes	370
5/ off	—	—	—	—	—	—	—	off
6/ 0842	1.65	21	35	7.9	7.59	32	yes	370
7/ 0835	1.63	21	35	8.3	7.34	32	yes	370
8/ 0838	1.89	21	40	7.2	7.30	33	yes	370
9/ 1455	2.29	21	48	8.7	7.38	35	yes	370
10/ off	—	—	—	—	—	—	—	off
11/ off	—	—	—	—	—	—	—	off
12/ 0830	2.10	21	44	8.1	7.30	34	yes	370
13/ 0840	2.98	21	63	9.5	7.4	37	yes	370
14/ off	—	—	—	—	—	—	—	off
15/ 1233	2.19	21	46	9.8	7.44	34	yes	370
16/ 1245	2.0	21	42	9.6	7.45	33	yes	370
17/ off	—	—	—	—	—	—	—	off
18/ off	—	—	—	—	—	—	—	off
19/ 0830	2.07	21	44	6.5	7.27	34	yes	370
20/ off	—	—	—	—	—	—	—	off
21/ 1221	2.15	21	45	8.8	7.52	34	yes	370
22/ off	—	—	—	—	—	—	—	off
23/ 1043	1.91	21	40	9.5	7.56	33	yes	370
24/ off	—	—	—	—	—	—	—	off
25/ off	—	—	—	—	—	—	—	off
26/ 0949	2.2	21	46	10.4	7.50	26	yes	370
27/ off	—	—	—	—	—	—	—	off
28/ 1750	1.8	21	38	12.7	7.50	25	yes	370
29/ 1120	2.7	21	57	10.6	7.39	27	yes	370
30/ 1231	3.0	21	63	11.1	7.44	28	yes	370
31/ 1541	1.71	21	35	9.9	7.26	33	yes	370

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.