

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

County: Douglas
 Month/Year: Dec 14 Jan 23

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	.015	.014	.014	.012	.013	X	.015
2	X	X	X	off	.017	.027	.027
3	X	X	.020	.016	.022	.014	.022
4	X	X	X	.014	.015	.012	.015
5	X	X	X	X	X	X	off
6	X	X	X	X	X	X	off
7	X	X	X	.014	.014	.010	.014
8	.012	.059	X	X	X	X	.059
9	X	X	X	.018	.021	.018	.021
10	.017	.016	X	X	X	X	.017
11	X	X	off	.015	.019	.029	.029
12	off	off	off	off	off	off	off
13	off	off	off	.019	.016	.016	.019
14	.018	.020	X	X	X	X	.020
15	X	X	X	X	X	X	off
16	X	X	X	.018	.019	.015	.019
17	.017	.014	.034	X	X	X	.034
18	X	X	X	X	X	X	off
19	X	X	X	X	X	X	off
20	X	X	X	.079	.018	.019	.079
21	.013	.016	.050	.015	.019	.019	.019
22	.029	.020	.013	X	X	X	.029
23	X	X	X	X	X	X	off
24	X	X	X	.024	.021	.011	.024
25	.014	.015	.011	.025	X	X	.025
26	X	X	X	X	X	X	off
27	.027	.018	.013	.019	.013	X	.027
28	X	X	X	X	X	X	off
29	X	X	X	X	X	X	off
30	X	X	X	.014	.014	.011	.014
31	.020	.019	X	X	X	X	.020

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: BRUN KELLY
 SIGNATURE: *Brun Kelly* DATE: 2-2-23
 PHONE #: (541) 580-2581 CERT #: 0-5441 / 7-2381

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))
 PAGE 1 of 2

OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP-: WTP-A Month/Year: Jan/23

Required Log Inactivation: 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
	[ppm or mg/L]	[minutes]	CXT			Use tables	Yes / No	[GPM]
1/0840	2.07	21	44	9.6	7.27	33	yes	370
2/1244	1.90	21	40	9.8	7.29	33	yes	370
3/0600	2.5	21	53	9.4	7.43	36	yes	370
0940	2.17	21	46	9.5	7.59	34	yes	370
5/ off	—	—	—	—	—	—	—	off
6/ off	—	—	—	—	—	—	—	off
7/0854	1.82	21	38.2	10.7	7.53	25	yes	370
8/ off	—	—	—	—	—	—	—	off
9/0900	2.10	21	45	9.9	7.29	34	yes	370
10/ off	—	—	—	—	—	—	—	off
11/1000	1.95	21	41	9.8	7.55	33	yes	370
12/ off	—	—	—	—	—	—	—	off
13/0900	2.60	21	55	10.6	7.50	27	yes	370
14/ off	—	—	—	—	—	—	—	off
15/ off	—	—	—	—	—	—	—	off
16/0645	2.00	21	42	10.7	7.28	25	yes	370
17/	—	—	—	—	—	—	—	off
18/1127	11.34	21	28	10.0	7.37	23	yes	370
19/1037	1.77	21	38	9.8	7.40	33	yes	370
20/0846	1.89	21	40	10.1	7.45	25	yes	370
21/0900	2.66	21	56	9.9	7.35	36	yes	370
22/ off	—	—	—	—	—	—	—	off
23/ off	—	—	—	—	—	—	—	off
24/0955	2.30	21	49	9.6	7.50	35	yes	370
25/0750	2.16	21	46	8.5	7.37	34	yes	370
26/2245	2.15	21	46	7.3	7.51	34	yes	370
27/0715	1.90	21	40	6.8	7.37	33	yes	370
28/ off	—	—	—	—	—	—	—	off
29/ off	—	—	—	—	—	—	—	off
30/1045	1.75	21	37	7.5	7.49	33	yes	370
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.