

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

County: **Douglas**  
Month/Year: **Feb 2023**

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	X	X	X	.019	.022	.013	.022
2	.017	.018	.018	.017	X	X	.018
3	X	X	X	.056	.017	.012	.056
4	X	X	X	X	X	X	off
5	X	X	X	X	X	X	off
6	X	X	X	X	.014	.014	.014
7	.012	.014	.026	.027	.011	.014	.027
8	.016	X	X	X	X	X	.016
9	X	X	X	.013	.014	.013	.014
10	.012	X	X	X	X	X	.012
11	X	X	X	.019	.015	.015	.019
12	.014	X	X	X	X	X	.014
13	X	X	X	.019	.015	.013	.019
14	.015	X	X	X	X	X	.015
15	X	X	X	X	X	X	off
16	X	X	X	.024	.012	.015	.024
17	.012	.012	.014	.013	X	X	.014
18	X	X	X	X	X	X	off
19	X	X	X	.018	.013	.015	.018
20	.014	.013	X	X	X	X	.014
21	X	X	X	.021	.013	.015	.021
22	.016	X	X	X	X	X	.016
23	X	X	X	.012	.010	.012	.012
24	.011	X	X	X	X	X	.011
25	X	X	X	X	X	X	off
26	X	X	X	.025	.017	.014	.025
27	.016	.013	.017	.014	.014	X	.017
28	X	X	X	X	X	X	off
29							
30							
31							

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

Notes:

PRINTED NAME: **BRIAN KELLY**

SIGNATURE: *Brian Kelly* DATE: **3-3-23**

PHONE #: **(541) 580-2581** CERT #: **P-8491 / J-8361**

<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))

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## OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP-: WTP-A Month/Year: 2/23

Required Log  
Inactivation: O

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]
1/0848	3.00	21	63	5.7	7.61	45	yes	370
2/0845	3.00	21	63	5.8	7.43	37	yes	370
3/1147	2.60	21	55	7.1	7.65	43	yes	370
4/ off								off
5/ off								off
6/1037	2.18	21	46	8.8	7.52	34	yes	370
7/1000	2.70	21	57	8.5	7.44	36	yes	370
8/2400	2.03	21	43	8.0	7.52	33	yes	370
9/1031	2.02	21	43	9.2	7.45	33	yes	370
10/0130	2.21	21	47	8.4	7.39	34	yes	370
11/1038	2.20	21	46	9.2	7.50	34	yes	370
12/0200	2.08	21	44	8.0	7.38	33	yes	370
13/1021	2.40	21	50	9.0	7.37	35	yes	370
14/0100	1.98	21	42	7.7	7.33	33	yes	370
15/ off								off
16/0924	2.10	21	44	8.8	7.55	34	yes	370
17/1300	2.90	21	61	7.9	7.57	37	yes	370
18/ off								off
19/10633	2.35	21	50	7.5	7.42	35	yes	370
20/0400	2.22	21	47	7.3	7.34	34	yes	370
21/1039	2.60	21	57	9.0	7.53	36	yes	370
22/0200	2.35	21	50	7.6	7.33	35	yes	370
23/0856	2.80	21	59	8.4	7.52	36	yes	370
24/2400	2.36	21	50	7.4	7.29	35	yes	370
25/ off								off
26/1019	2.60	21	57	8.3	7.51	36	yes	370
27/1230	2.20	21	46	7.6	7.49	34	yes	370
28/ off								off
29/								
30/								
31/								

<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.