

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

County: Douglas
 Month/Year: March - 2023

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	X	X	X	.028	.024	.014	.028
2	.013	.017	X	X	X	X	.017
3	X	X	X	.034	.017	.014	.034
4	.016	X	X	X	X	X	.016
5	X	X	X	X	X	X	off
6	X	X	X	.025	.044	X	.044
7	X	X	X	.024	.013	.013	.024
8	.015	.016	.018	.017	X	X	.018
9	X	X	X	.015	.016	X	.016
10	X	X	X	X	X	X	off
11	X	X	X	.023	.020	.019	.023
12	.014	.021	X	X	X	X	.021
13	X	X	X	.040	X	X	.040
14	X	X	X	X	.076	.014	.076
15	X	X	X	X	X	.023	.023
16	.019	.017	X	.016	.015	.014	.017
17	X	X	X	X	X	X	off
18	X	X	X	.060	.020	.016	.060
19	.018	.018	X	X	X	X	.018
20	X	X	X	X	X	X	off
21	X	X	X	.033	.017	.018	.033
22	.024	.017	.026	.015	.018	X	.026
23	X	X	X	X	X	X	off
24	X	X	X	.014	.017	.014	.018
25	.017	.016	X	X	X	X	.017
26	X	X	X	X	X	X	off
27	X	X	X	.046	.030	.035	.046
28	.018	.013	X	.016	X	X	.018
29	X	X	X	X	X	X	off
30	X	X	X	.028	.035	.020	.035
31	.019	.016	.015	.026	X	X	.026

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

Notes:

PRINTED NAME: BRIAN KELLY

SIGNATURE: *[Signature]* DATE: 4-5-23

PHONE #: (541) 520-2581 CERT #: 08441 / 8301

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

7.36

OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP-: WTP-A Month/Year: March 2023

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/ 1012	2.12	21	45	8.3	7.45	34	yes	370
2/ 0130	2.21	21	47	7.9	7.42	34	yes	370
3/ 0938	2.18	21	46	8.8	7.45	33	yes	370
4/ 2400	2.22	21	47	7.6	7.38	34	yes	370
5/ off	 	 	 	 	 	 	 	off
6/ 0911	2.15	21	45	9.5	7.47	34	yes	370
7/ 0946	2.30	21	48	9.5	7.52	35	yes	370
8/ 1515	2.67	21	44	9.0	7.71	41	yes	370
9/ 0941	2.09	21	44	8.4	7.75	41	yes	370
10/ off	 	 	 	 	 	 	 	off
11/ 1400	2.18	21	46	9.5	7.35	34	yes	370
12/ 0200	2.09	21	44	8.9	7.34	33	yes	370
13/ 1030	1.90	21	40	10.7	7.43	25	yes	370
14/ 1106	2.10	21	44	10.7	7.48	26	yes	370
15/ 0941	2.90	21	61	10.1	7.31	28	yes	370
16/ 1200	2.26	21	48	9.9	7.41	34	yes	370
17/ off	 	 	 	 	 	 	 	off
18/ 1126	1.67	21	35	10.9	7.36	25	yes	370
19/ 0200	2.45	21	52	9.8	7.45	36	yes	370
20/ off	 	 	 	 	 	 	 	off
21/ 1102	2.20	21	46	11.1	7.46	26	yes	370
22/ 1230	2.20	21	46	9.8	7.41	34	yes	370
23/ off	 	 	 	 	 	 	 	off
24/ 0844	1.99	21	42	10.9	7.43	25	yes	370
25/ 0300	1.96	21	42	9.5	7.28	33	yes	370
26/ off	 	 	 	 	 	 	 	off
27/ 1045	1.88	21	40	9.8	7.40	33	yes	370
28/ 0230	2.02	21	43	8.5	7.27	33	yes	370
29/ off	 	 	 	 	 	 	 	off
30/ 1411	1.65	21	35	10.6	7.33	25	yes	370
31/ 1130	2.26	21	48	10.0	7.39	26	yes	370

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