

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

County: Douglas

Month/Year: April 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	X	X	X	off
2	X	X	X	X	X	X	off
3	X	X	X	.046	.050	.032	.050
4	.018	.016	.013	.016	.015	.014	.018
5	X	X	X	X	X	X	off
6	X	X	X	X	.023	.024	.024
7	.023	.017	.016	X	X	X	.023
8	X	X	X	X	X	X	off
9	X	X	X	.011	.010	.009	.011
10	.010	.014	.019	X	X	X	.019
11	X	X	X	X	.023	.017	.023
12	.019	.021	X	X	X	X	.021
13	X	X	X	.013	.020	.013	.020
14	.008	X	X	X	X	X	.008
15	X	X	X	X	X	X	off
16	X	X	.012	.024	.018	.034	.034
17	X	X	X	X	.017	.017	.017
18	X	X	.012	.021	.018	.012	.021
19	.015	X	X	X	X	X	.015
20	X	X	X	.023	.021	.026	.026
21	X	X	X	X	X	X	off
22	X	X	X	.016	.011	.010	.016
23	.014	.011	X	X	X	X	.014
24	X	X	X	X	X	X	off
25	X	X	X	.019	.011	.011	.019
26	.010	.011	.009	.013	X	X	.013
27	X	X	X	.025	.003	.013	.263
28	.02	X	X	X	.014	.012	.014
29	X	X	X	X	X	X	off
30	X	X	.014	.013	.011	.010	.014
31							

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

Notes:	PRINTED NAME: BRUN KELLY
	SIGNATURE: <i>BRUN KELLY</i> DATE: 5-9-23
	PHONE #: (541) 560-2581 CERT #: 0-8-141 / 7-8301

<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 Eff. (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: April 2023

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]	C XT			Use tables	Yes / No	[GPM]
1/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
2/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
3/ 1030	1.80	21	38	10.8	7.37	25	yes	370
4/ 1530	2.30	21	48	9.6	7.36	35	yes	370
5/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
6/ 1300	1.82	21	38	10.3	7.33	25	yes	370
7/ 0700	2.34	21	49	9.5	7.38	35	yes	370
8/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
9/ 1630	2.09	21	44	11.9	7.34	26	yes	370
10/ 0700	2.18	21	46	10.3	7.54	26	yes	370
11/ 1356	1.76	21	37	12.0	7.43	25	yes	370
12/ 0300	1.89	21	39	9.9	7.53	33	yes	370
13/ 1631	1.60	21	34	11.1	7.41	24	yes	370
14/ 2400	1.97	21	41	10.4	7.59	25	yes	370
15/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
16/ 1400	1.79	21	37	12.6	7.50	25	yes	370
17/ 1530	1.74	21	37	13.0	7.40	25	yes	370
18/ 0749	1.72	21	36	10.6	7.34	24	yes	370
19/ 2400	1.98	21	41	10.9	7.50	25	yes	
20/ 0958	1.72	21	36	11.4	7.38	24	yes	370
21/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
22/ 1201	1.99	21	42	11.6	7.41	25	yes	370
23/ 0200	1.88	21	39	10.4	7.45	25	yes	370
24/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
25/ 0916	1.89	21	40	14.0	7.39	25	yes	370
26/ 0800	2.08	21	43	13.5	7.44	25	yes	370
27/ 1130	2.01	21	42	12.7	7.46	25	yes	370
28/ 1530	2.08	21	44	16.2	7.49	17	yes	370
29/ off	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	off
30/ 1200	2.05	21	43	14.4	7.51	25	yes	370
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.

2.06 7.5 12.0