

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: March 2024

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	X	X	X	off
2	X	X	X	.099	.088	.118	.118
3	.077	.082	.116	.092	.106	.115	.116
4	X	X	X	X	X	X	off
5	X	X	X	.077	.013	.012	.077
6	.015	.015	X	X	X	X	.015
7	X	X	X	X	X	X	off
8	X	X	X	.041	.024	.030	.041
9	.042	.037	X	X	X	X	.042
10	X	X	X	X	X	X	off
11	X	X	X	.038	.033	.029	.038
12	.028	.030	.034	X	X	X	.034
13	X	X	X	X	X	X	off
14	X	X	X	.036	.038	.039	.039
15	.035	.042	X	X	X	X	.042
16	X	X	X	X	X	X	off
17	X	X	X	.036	.023	.025	.036
18	.020	.017	.020	.022	.034	.048	.048
19	X	X	X	X	X	X	off
20	X	X	X	.042	.035	.032	.042
21	.037	.036	.037	.034	X	X	.037
22	X	X	X	.028	.021	.019	.028
23	X	X	X	X	X	X	off
24	X	X	X	X	X	X	off
25	X	X	X	.023	.026	.023	.026
26	.028	X	X	X	.027	.024	.028
27	.023	.020	X	X	X	X	.023
28	X	X	X	X	X	X	off
29	X	X	X	X	0.030	0.023	0.030
30	0.025	0.024	.030	.025	.023	X	.030
31	X	X	X	X	X	X	off

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: BRIAN KELLY
	SIGNATURE: <i>[Signature]</i> DATE: 4-3-24
	PHONE #: (541) 580-2581 CERT #: J 8201 841

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))

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OHA - Drinking Water Program — Surface Water Quality Data Form

CITY OF CANYONVILLE ID OR4100169 WTP-: WTP-A Month/Year: March 2024

Required Log Inactivation: O

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/ off	 	 	 	 	 	 	 	off
2/ 1155	1.58	21	33	10.92	7.5	24	yes	370
3/ 0839	2.05	21	43	10.42	7.45	25	yes	370
4/ off	 	 	 	 	 	 	 	off
5/ 1058	2.38	21	49	11.0	7.38	26	yes	370
6/ 0600	1.73	21	36	10.2	7.40	25	yes	370
7/ off	 	 	 	 	 	 	 	off
8/ 1043	1.62	21	34	10.8	7.45	24	yes	370
9/ 09107	1.87	21	39	10.2	7.47	25	yes	370
10/ off	 	 	 	 	 	 	 	off
11/ 1050	1.73	21	36	11.0	7.48	25	yes	370
12/ 0930	1.81	21	38	10.9	7.39	25	yes	370
13/ off	 	 	 	 	 	 	 	off
14/ 0849	1.68	21	35	11.2	7.43	24	yes	370
15/ 0200	1.94	21	40	11.6	7.47	25	yes	370
16/ off	 	 	 	 	 	 	 	off
17/ 1016	1.80	21	37	11.6	7.45	25	yes	370
18/ 0823	1.73	21	36	11.29	7.45	25	yes	370
19/ off	 	 	 	 	 	 	 	off
20/ 1007	1.93	21	40	13.8	7.46	25	yes	370
21/ 0900	1.96	21	41	12.3	7.51	25	yes	370
22/ 1011	1.91	21	40	12.5	7.52	25	yes	370
23/ off	 	 	 	 	 	 	 	off
24/ off	 	 	 	 	 	 	 	off
25/ 0858	1.86	21	39	13.5	7.53	25	yes	370
26/ 1423	1.95	21	40	12.7	7.54	25	yes	370
27/ 0700	1.85	21	38	12.6	7.57	25	yes	370
28/ off	 	 	 	 	 	 	 	off
29/ 1348	1.81	21	38	12.8	7.55	25	yes	370
30/ 1020	1.75	21	36	11.3	7.55	24	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.
 Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf