OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: OCTOBER 2025

System Name: City of Canyonville ID 41-00169 WTP : TP -

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	–	–	–	–	.038	–	.038
2	–	–	.047	.035	.036	.034	.047
3	.036	.033	.037	.039	.038	.044	.044
4	.038	–	–	–	–	–	.038
5	–	–	–	–	–	–	–
6	–	–	.049	.039	.038	.038	.049
7	.036	.036	.039	.038	.040	.037	.040
8	.036	.038	–	–	–	–	.038
9	–	–	–	–	–	–	–
10	–	–	.041	.040	.040	.043	.043
11	.046	.043	.043	.048	.050	.048	.050
12	–	–	–	–	–	–	–
13	–	–	–	–	–	–	–
14	–	–	.054	.047	.046	.045	.054
15	.044	.045	.046	.046	.058	.050	.058
16	–	–	–	–	–	–	–
17	–	–	–	–	–	–	–
18	–	–	.022	.021	.021	.019	.022
19	.020	.018	.019	–	–	.055	.055
20	.055	–	.054	–	–	–	.055
21	–	–	–	–	–	–	–
22	–	–	.033	.029	.025	.028	.033
23	.023	.022	.024	.029	.027	–	.029
24	–	–	–	–	.079	0.147	0.147
25	–	–	–	–	–	–	–
26	–	–	–	–	–	–	–
27	–	–	–	–	.058	.072	.072
28	.055	.052	.056	.051	.043	–	.056
29	–	–	–	.140	–	.072	.140
30	.089	.073	.071	.076	.066	.057	.089
31	.046	–	–	–	–	–	.046

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No

All 4-hour turbidity readings ≤ 1 NTU? (Yes) / No

All turbidity readings < IFE[2] triggers (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residual at entry point ≥ 0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: RAYMOND PAGE

SIGNATURE: [signature] DATE: 11-3-25

PHONE #: (541) 661-1745 CERT #: 6358

[1] Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. [2] IFE = Individ. Filter Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: City of Canyonville ID#: 41 00169 Month/Year: October 2025 Disinfection *Giardia* Log Inactive: 0

Date / Time	Minimum Cl_2 Residual at 1st User (C) [3]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [3]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 1552	1.40	21	29	15.94	7.47	16	Yes	370
2 0830	1.08	21	22	15.23	7.44	15	Yes	370
3 0812	1.53	21	32	14.41	7.49	24	Yes	370
4 0021	1.42	21	29	14.49	7.54	23	Yes	370
5			Plant	off				
6 0836	1.13	21	23	15.12	7.50	15	Yes	370
7 0802	1.33	21	27	13.39	7.46	23	Yes	370
8 0021	1.38	21	28	13.55	7.52	23	Yes	370
9			Plant	off				
10 0710	1.1	21	23	14.13	7.49	23	Yes	370
11 0611	1.29	21	27	12.38	7.47	23	Yes	370
12			Plant	off				
13			Plant	off				
14 0705	1.16	21	24	12.95	7.5	23	yes	370
15 0801	1.28	21	26	11.4	7.47	23	yes	370
16				Plant off				
17				Plant off				
18 0624	1.23	21	25	12.4	7.48	23	Yes	370
19 1724	1.39	21	29	12.26	7.5	23	yes	370
20 0815	1.46	21	30	12.49	7.49	24	yes	370
21				off				
22 0617	1.41	21	29	12.82	7.49	24	yes	370
23 0728	1.57	21	32	10.85	7.47	24	Yes	370
24 1320	1.33	21	27	11.56	7.53	23	yes	370
25				Plant	Off			
26				Plant	off			
27 1608	1.39	21	29	11.5	7.5	23	Yes	370
28 0814	1.94	21	40	9.74	7.44	33	Yes	370
29 0840	1.48	21	31	10.3	7.46	24	Yes	370
30 0803	1.8	21	37	11.9	7.41	25	Yes	370
31 0021	1.25	21	26	12.17	7.41	23	Yes	370

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350