

**OHA - Drinking Water Program – Turbidity Monitoring Report Form County:
Yamhill Conventional or Direct Filtration**

System Name: Carlton, City of ID #: 4100171 WTP-: A

Month/Year **November 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	.05	.06	.12	.79	.21	.78	.91
2	.32	.66	.35	.36	.11	.20	.65
3	.29	.22	.26	.24	.07	.20	.26
4	.08	.16	.18	.11	OFF	/	.19
5	.06	/	/	.10	.11	.14	.16
6	/	/	.14	.08	.14	.09	.21
7	/	.15	/	.06	.04	/	.19
8	.06	/	/	.07	/	/	.14
9	.06	/	.09	/	.07	.05	.11
10	/	.07	/	/	.05	/	.25
11	.05	/	/	.10	.07	/	.11
12	.06	/	/	.12	/	.12	.26
13	.26	/	/	.31	.05	.06	.80
14	/	/	.39	.10	.04	.04	.24
15	/	.07	/	.05	.04	.04	.26
16	.06	.04	/	/	.04	.04	.11
17	.04	/	/	.04	.04	.04	.10
18	/	/	.14	.03	.04	/	.14
19	/	.04	/	.06	.04	.04	.16
20	/	/	.05	.04	.04	/	.11
21	/	.04	/	.04	.04	.04	.13
22	/	/	/	.05	.05	.04	.06
23	/	.04	/	.05	.05	.04	.06
24	.04	/	/	.06	.05	.04	.06
25	.04	/	/	.08	.05	.05	.16
26	.05	.06	.05	.05	.05	.04	.10
27	.04	.04	.04	.04	.04	.04	.14
28	.04	.04	.04	.04	.04	.04	.06
29	.04	.05	.05	.05	.05	.04	.07
30	.05	.05	.05	.05	.05	.05	.07
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/L Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? Yes / No			
All turbidity readings < IFE triggers? Yes / No ²			

Notes:

PRINTED NAME: Bryan W. Burnham

SIGNATURE: *Bryan W. Burnham* **DATE:** 11/5/2024

PHONE #: (503) 852-3104 **CERT #:** 6201

¹ Including continuous turbidity 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 Effl. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - *Giardia* Inactivation

System Name: Carlton, City of ID #: 4100171

WTP-: A

Month/Year: November 2024

Log Requirement
(Circle One): 0.5 **1.0**

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /1:30	1.3	72	93	14	7.2	35	YES	360
2 /8:30	1.3	72	93	14	7.2	35	YES	352
3 /8:30	1.3	72	93	14	7.2	35	YES	374
4 /8:30	1.1	72	84	14	7.2	34	YES	321
5 /1:30	1.5	72	108	12	7.2	42	YES	316
6 /2:00	1.5	72	108	12	7.3	43	YES	311
7 /12:00	1.5	72	108	12	7.3	43	YES	298
8 /10:30	1.4	72	100	12	7.2	41	YES	316
9 /9:00	1.5	72	108	12	7.2	42	YES	318
10 /9:00	1.5	72	108	11	7.2	45	YES	324
11 /11:00	1.6	72	115	11	7.2	45	YES	2447
12 /10:00	1.5	72	108	11	7.4	48	YES	313
13 /1:00	1.5	72	108	12	7.4	45	YES	305
14 /12:00	1.5	72	108	12	7.6	49	YES	276
15 /10:30	1.7	72	122	11	7.4	49	YES	308
16 /9:00	1.8	72	129	11	7.4	49	YES	319
17 /9:00	1.8	72	129	11	7.4	49	YES	310
18 /10:30	1.9	72	136	11	7.4	50	YES	311
19 /1:30	1.8	72	129	17	7.5	33	YES	317
20 /1:30	1.7	72	122	15	7.4	36	YES	315
21 /9:00	1.6	72	115	17	7.4	30	YES	308
22 /1:00	1.6	72	115	17	7.3	30	YES	302
23 /9:00	1.6	72	115	14	7.4	39	YES	314
24 /9:00	1.6	72	115	13	7.4	42	YES	308
25 /12:00	1.6	72	115	11	7.5	51	YES	308
26 /12:00	1.6	72	115	11	7.4	49	YES	312
27 /9:30	1.7	72	122	11	7.4	49	YES	294
28 /9:00	1.7	72	122	11	7.4	49	YES	310
29 /9:00	1.7	72	122	10	7.4	52	YES	305
30 /9:00	1.7	72	122	10	7.4	52	YES	306
31 /								

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

Revised January 2014