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 March 2025**

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	.04	.03	.04	.04	.04	.03	.11
2	.03	.05	.05	.03	.03	.05	.12
3	.03	.04	.04	.03	.08	.05	.11
4	.04	.03	.04	.04	.03	.07	.12
5	.04	.03	.04		.03	.04	.14
6		.04			.03	.03	.09
7		.09			.02	.02	.09
8		.02	.02		.02	.02	.02
9	.02		.02	.02			.02
10	.02			.04	.03	.02	.19
11		.03	.02		.05	.03	.11
12		.03	.02		.03	.03	.07
13		.06	.03		.03	.03	.09
14		.05	.02		.05	.03	.07
15	.02			.04	.06	.02	.07
16			.10	.04	.05		.12
17	.05	.02		.05	.06	.06	.08
18	.02		.07	.05	.06	.02	.07
19		.05	.02		.05	.05	.07
20	.06			.05	.05	.05	.07
21	.06	.02		.14	.05	.05	.15
22	.05	.06			.05	.05	.17
23	.05			.06	.06	.06	.07
24	.06			.05	.06	.06	.08
25	.06		.07	.06	.11		.11
26	.07	.09		.08	.07	.09	.10
27		.08	.09		.08	.08	.10
28					.08	.08	.20
29	.10			.10	.10	.11	.24
30		.11			.10	.11	.14
31	.12			.13	.11	.13	.15

Conventional or (Direct Filtration)

Monthly Summary (Answer Yes or No)

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

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

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

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

All Cl_2 residuals at entry point ≥ 0.2 m (Yes) / No

Notes:

PRINTED NAME: Bryan W. Burnham

SIGNATURE: Bryan W Burnham **DATE: 4-1-2025**

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: March 2025** **Log Requirement (Circle One): 0.5 / (1.0)**

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]		Use tables	Yes / No	[GPM]
1 /9:00	1.5	72	108	12	7.5	47	YES	304
2 /9:00	1.5	72	108	12	7.5	47	YES	381
3 /9:00	1.5	72	108	12	7.5	47	YES	371
4 /9:00	1.5	72	108	12	7.6	49	YES	377
5 /9:00	1.1	72	79	13	7.6	43	YES	356
6 /9:00	1.3	72	94	13	8.2	56	YES	379
7 /10:00	1.3	72	94	13	8.2	56	YES	272
8 /9:00	1.2	72	86	14	8.2	51	YES	380
9 /9:00	1.2	72	86	14	8.2	51	YES	381
10 /9:00	1.2	72	86	14	8.2	51	YES	368
11 /12:00	1.5	72	108	10	7.8	60	YES	269
12 /3:00	1.5	72	108	11	7.5	50	YES	277
13 /9:00	1.6	72	115	11	7.4	49	YES	286
14 /11:00	1.5	72	108	10	7.4	51	YES	263
15 /9:00	1.5	72	108	10	7.4	51	YES	283
16 /9:00	1.5	72	108	10	7.5	53	YES	279
17 /11:00	1.5	72	108	10	7.5	53	YES	266
18 /11:00	1.5	72	108	10	7.2	48	YES	266
19 /1:00	1.4	72	100	18	7.6	31	YES	280
20 /10:00	1.5	72	108	11	7.6	52	YES	259
21 /10:00	1.4	72	100	12	7.4	45	YES	270
22 /9:00	1.4	72	100	12	7.4	45	YES	281
23 /9:00	1.5	72	108	12	7.4	45	YES	273
24 /12:00	1.5	72	108	12	7.4	45	YES	274
25 /10:30	1.5	72	108	14	7.5	40	YES	273
26 /9:00	1.5	72	108	13	7.4	42	YES	264
27 /9:30	1.5	72	108	13	7.5	43	YES	275
28 /8:30	1.5	72	108	15	7.4	35	YES	276
29 /9:00	1.5	72	108	18	7.4	29	YES	270
30 /9:00	1.5	72	108	18	7.4	29	YES	275
31 /10:30	1.5	72	108	20	7.4	26	YES	265

[3] If Cl_2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised January 2014

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf