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 August 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	OFF			.06		.12	.15
2	.16		.18	.16		.25	.25
3	.24		.28			.33	.34
4				.03		.07	.36
5			.05	.04	.04		.07
6			.10	.12		.15	.24
7		.20		.22		.04	.22
8	.03		.05	.06		.12	.16
9		.15	.15	.14	.14	.29	.29
10	.25			.24		.05	.25
11	.02		.06	.06		.14	.22
12	.13	.20	.18	.17	.16		.29
13	.29		.30	.03	.03		.30
14	.04		.05	.04	.05	.07	.12
15	.08		.09	.04		.05	.27
16	.05		.05	.05		.08	.09
17		.08	.11	.10		.13	.15
18			.14	.15		.18	.21
19		.20	.21	.06	.05	.05	.21
20			.06	.07	.07		.12
21	.10		.11	.11	.12	.16	.37
22	.14		.15	.16	.04	.05	.17
23	.05		.05	.05		.07	.14
24	.10		.07	.07		.09	.06
25			.11	.11	.12	.12	.14
26	.11	.11	.11	.11		.13	.36
27	.07	.03	.06	.08	.04	.04	.08
28	.04		.05	.04	.03	.05	.09
29	.05		.06	.05	.05	.03	.06
30	.04	.08	.07	.06	.07	.08	.13
31	.11		.09	.09	.10	.17	.17

Conventional or Direct Filtration

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[2]

Monthly Summary (Answer Yes or 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: 9-8-2025**

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: August 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 /9:30	1.4	72	100	21	7.2	22	YES	386
2 /9:00	1.4	72	100	21	7.2	22	YES	380
3 /9:00	1.5	72	108	21	7.2	22	YES	384
4 /11:30	1.5	72	108	21	7.2	22	YES	629
5 /11:30	1.5	72	108	21	7.2	22	YES	372
6 /10:30	1.5	72	108	21	7.2	22	YES	374
7 /8:30	1.3	72	93	20	7.2	23	YES	380
8 /9:00	1.3	72	93	24	7.2	17	YES	370
9 /9:00	1.3	72	93	24	7.2	17	YES	383
10 /9:00	1.3	72	93	24	7.2	17	YES	387
11 /9:00	1.3	72	93	24	7.2	17	YES	368
12 /1:30	1.5	72	108	23	7.4	21	YES	369
13 /10:00	1.0	72	72	22	7.3	22	YES	395
14 /9:00	1.3	72	93	22	7.3	21	YES	372
15 /9:30	1.3	72	93	22	7.3	21	YES	385
16 /9:00	1.3	72	93	22	7.3	21	YES	375
17 /9:00	1.3	72	93	22	7.3	21	YES	373
18 /9:00	1.3	72	93	22	7.3	21	YES	369
19 /9:00	1.2	72	86	20	7.4	25	YES	384
20 /3:00	1.3	72	93	21	7.4	23	YES	378
21 /1:30	1.3	72	93	21	7.4	23	YES	394
22 /12:30	1.3	72	93	21	7.4	23	YES	374
23 /9:00	1.0	72	72	22	7.2	20	YES	389
24 /9:00	1.0	72	72	22	7.2	20	YES	380
25 /9:00	1.0	72	72	22	7.2	20	YES	1,933
26 /4:00	1.0	72	72	22	7.2	20	YES	393
27 /4:00	1.8	72	128	22	7.6	22	YES	388
28 /2:30	1.8	72	128	22	7.6	22	YES	377
29 /9:30	1.6	72	115	21	7.6	27	YES	378
30 /9:00	1.6	72	115	21	7.6	27	YES	365
31 / 9:00	1.6	72	115	21	7.6	27	YES	360

[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