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 September 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	.18	OFF	.16	.14	.02	.02	.19
2	.02		.06	.04	.09		.21
3	.02		.03	.02	.02	.02	.20
4	.02	.02	.02	.05		.15	.17
5		.06	.05	.05	.05	.08	.09
6			.10	.31	.26		.56
7	.14		.09	.08	.08	.08	.54
8	.42		.09	.08	.11		.68
9	.16		.51	.14	.09	.26	.51
10	.21		.09	.08	.10	.34	.34
11	.21		.11	.12	.09	.07	.21
12	.08			.28			.28
13				.24	.26	.25	.26
14							.22
15		.26	.26	.23	.11	.10	.29
16	.11	.15	.26	.17	.29	.24	.31
17	.25	.25	.25		.12	.12	.28
18	.12	.12		.28	.29	.05	.30
19	.25	.06	.10	.04	.09	.09	.58
20	.06	.29		.08		.20	.36
21	.08		.29		.06	.11	.47
22	.11		.07	.05			.48
23		.06	.27		.20	.07	.27
24			.07	.25	.10		.33
25	.15	.15		.17	.20	.20	.27
26	.22			.11	.09	.08	.30
27	.02	.16	.07	.15	.06	.07	.40
28	.16	.16	.04	.05	.15	.06	.21
29	.21	.23	.04	.04	.29	.15	.29
30	.19	.25	.09	.04	.03	.06	.57
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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: September 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	1.9	72	136	21	7.3	24	YES	281
2 /9:00	1.9	72	136	21	7.3	24	YES	297
3 /9:30	1.1	72	79	24	7.3	18	YES	289
4 /9:30	1.0	72	72	21	7.4	23	YES	296
5 /12:00	1.2	72	86	21	7.2	21	YES	265
6 /10:00	1.9	72	136	24	7.2	18	YES	232
7 /8:30	1.9	72	136	23	7.2	20	YES	253
8 /9:00	1.9	72	136	23	7.2	21	YES	227
9 /12:00	1.4	72	100	22	7.2	21	YES	229
10 /1:00	1.4	72	100	23	7.2	19	YES	240
11 /9:00	1.4	72	100	20	7.3	23	YES	206
12 /9:00	1.5	72	108	20	7.4	26	YES	178
13 /9:00	1.5	72	108	20	7.4	26	YES	276
14 /9:00	1.5	72	108	20	7.4	26	YES	262
15 /9:00	1.3	72	93	19	7.4	26	YES	260
16 /9:30	1.3	72	93	19	7.5	27	YES	265
17 /11:30	1.3	72	93	19	7.5	27	YES	251
18 /11:30	1.7	72	122	19	7.6	31	YES	185
19 /9:00	1.8	72	129	18	7.5	31	YES	142
20 /9:00	2.2	72	158	18	7.5	33	YES	436
21 /9:00	2.2	72	158	18	7.5	33	YES	440
22 /9:00	2.2	72	158	18	7.5	33	YES	442
23 /11:00	1.8	72	129	18	7.5	31	YES	437
24 /10:00	1.8	72	129	17	7.4	31	YES	445
25 /12:00	1.7	72	122	18	7.5	31	YES	442
26 /10:00	1.7	72	122	17	7.6	34	YES	432
27 /9:00	1.6	72	115	18	7.5	31	YES	442
28 /9:00	1.6	72	115	18	7.5	31	YES	444
29 /9:00	1.6	72	115	16	7.2	31	YES	454
30 /9:00	1.9	72	136	16	7.5	35	YES	433
31 /								

[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