OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Clackamas

Month/Year: Oct-25

System Name: Colton ID#: 41 00202 WTP : TP - A

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	No Flow	No Flow	No Flow	0.02	0.26	No Flow	0.26
2	No Flow	No Flow	No Flow	No Flow	0.02	No Flow	0.02
3	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
4	No Flow	No Flow	0.02	0.02	0.03	No Flow	0.03
5	No Flow	No Flow	0.02	No Flow	No Flow	0.02	0.02
6	0.02	No Flow	No Flow	No Flow	0.02	No Flow	0.02
7	No Flow	No Flow	No Flow	0.02	No Flow	No Flow	0.02
8	No Flow	0.02	No Flow	No Flow	0.04	0.02	0.04
9	No Flow	No Flow	No Flow	0.04	0.04	No Flow	0.04
10	No Flow	No Flow	No Flow	0.13	0.25	0.24	0.25
11	No Flow	No Flow	No Flow	0.27	0.04	No Flow	0.27
12	No Flow	No Flow	No Flow	0.06	No Flow	No Flow	0.06
13	No Flow	No Flow	No Flow	0.03	0.04	0.02	0.04
14	0.01	0.01	No Flow	No Flow	No Flow	0.05	0.05
15	0.08	No Flow	No Flow	No Flow	0.02	0.02	0.08
16	No Flow	No Flow	No Flow	0.02	0.01	No Flow	0.02
17	No Flow	No Flow	No Flow	0.02	0.01	No Flow	0.02
18	No Flow	No Flow	0.01	0.01	No Flow	No Flow	0.01
19	0.01	No Flow	No Flow	No Flow	0.31	No Flow	0.31
20	No Flow	No Flow	No Flow	0.02	0.07	0.05	0.07
21	0.03	No Flow	No Flow	0.03	0.05	No Flow	0.05
22	No Flow	No Flow	No Flow	0.14	No Flow	0.03	0.14
23	No Flow	No Flow	No Flow	No Flow	0.03	No Flow	0.03
24	No Flow	No Flow	No Flow	No Flow	0.03	0.13	0.13
25	No Flow	No Flow	No Flow	0.17	No Flow	No Flow	0.17
26	No Flow	No Flow	No Flow	No Flow	0.26	No Flow	0.26
27	No Flow	No Flow	No Flow	0.29	0.16	0.05	0.29
28	No Flow	No Flow	No Flow	0.09	0.04	0.04	0.09
29	0.04	No Flow	No Flow	No Flow	No Flow	0.19	0.19
30	0.09	0.22	No Flow	No Flow	0.06	0.05	0.09
31	No Flow	No Flow	No Flow	0.06	0.06	No Flow	0.06

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	(Yes) / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	(Yes) / No	(Yes) / No	(Yes) / No
All turbidity readings < IFE2 triggers	(Yes) / No		

Notes:

PRINTED NAME: Peter Dostert

SIGNATURE: Peter Dostert DATE: Nov 6

PHONE #: (503) 824-2500 CERT #: 6574

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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form						WTP - :	A
System Name:	**Colton**	**ID#: 41**	**00200**	**Month/Year:**	**October 2025**	**Disinfection *Giardia***	1

Date / Time	Minimum Cl2 Residual at 1st	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	0.99	50	49.5	13.0	7.20	33.5	YES	108
2	0.9	50	45.0	13.0	7.00	30.8	YES	119
3	0.94	50	47.0	13.0	7.20	33.3	YES	147
4	0.95	50	47.5	11.0	7.20	38.5	YES	200
5	0.91	50	45.5	11.0	7.40	41.1	YES	149
6	1	50	50.0	12.0	7.20	36.3	YES	174
7	0.93	50	46.5	13.0	7.20	33.3	YES	149
8	0.8	50	40.0	11.0	7.20	37.9	YES	140
9	1.79	50	89.5	12.0	7.10	38.3	YES	130
10	1.06	50	53.0	12.0	7.20	36.6	YES	140
11	1.14	50	57.0	10.0	7.20	42.0	YES	119
12	1.01	50	50.5	13.0	7.20	33.6	YES	95
13	0.99	50	49.5	13.0	7.00	31.1	YES	250
14	1.17	50	58.5	10.0	7.00	39.3	YES	123
15	1.2	50	60.0	10.0	7.00	39.5	YES	135
16	1.12	50	56.0	11.0	7.00	36.7	YES	166
17	1.05	50	52.5	11.0	7.20	39.0	YES	132
18	1.07	50	53.5	9.0	7.00	41.5	YES	121
19	1.05	50	52.5	11.0	7.00	36.4	YES	100
20	0.87	50	43.5	10.0	7.00	38.0	YES	268
21	0.97	50	48.5	11.0	7.20	38.6	YES	131
22	1.02	50	51.0	12.0	7.20	36.4	YES	146
23	0.98	50	49.0	10.0	7.20	41.3	YES	187
24	0.84	50	42.0	11.0	7.20	38.1	YES	120
25	0.9	50	45.0	11.0	7.00	35.8	YES	163
26	0.88	50	44.0	10.0	7.00	38.1	YES	245
27	0.81	50	40.5	10.0	7.20	40.5	YES	166
28	0.98	50	49.0	9.0	7.20	44.1	YES	267
29	0.94	50	47.0	10.0	7.20	41.1	YES	142
30	1.05	50	52.5	9.0	7.00	41.4	YES	149
31	1.31	50	65.5	9.0	7.00	42.7	YES	144

3 If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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