

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clackamas  
 Month/Year: Jan-26

Conventional or Direct Filtration

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	0.87	0.87	0.87	No Flow	No Flow	No Flow	0.87
2	No Flow	No Flow	No Flow	No Flow	0.87	0.87	0.87
3	0.87	0.87	No Flow	No Flow	0.87	0.87	0.87
4	0.88	No Flow	No Flow	No Flow	0.89	0.89	0.89
5	0.89	No Flow	No Flow	No Flow	0.89	0.89	0.89
6	No Flow	No Flow	No Flow	0.89	0.89	0.89	0.89
7	No Flow	No Flow	No Flow	0.02	0.02	0.02	0.02
8	No Flow	No Flow	No Flow	No Flow	0.02	0.02	0.02
9	0.02	No Flow	No Flow	No Flow	0.02	0.02	0.02
10	No Flow	No Flow	No Flow	0.02	0.02	0.02	0.02
11	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
12	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
13	No Flow	No Flow	0.02	0.02	No Flow	No Flow	0.02
14	No Flow	No Flow	0.02	0.02	No Flow	No Flow	0.02
15	No Flow	0.02	No Flow	0.02	No Flow	No Flow	0.02
16	0.02	0.02	No Flow	No Flow	No Flow	0.02	0.02
17	0.02	No Flow	No Flow	No Flow	No Flow	0.02	0.02
18	0.02	No Flow	No Flow	No Flow	0.02	0.02	0.02
19	No Flow	No Flow	No Flow	No Flow	0.02	0.02	0.02
20	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
21	No Flow	No Flow	0.02	0.02	0.02	No Flow	0.02
22	No Flow	No Flow	0.02	0.02	No Flow	No Flow	0.02
23	No Flow	0.02	0.03	0.02	No Flow	No Flow	0.02
24	No Flow	0.02	0.02	No Flow	No Flow	No Flow	0.02
25	0.02	0.02	0.02	No Flow	No Flow	0.02	0.02
26	0.02	0.02	No Flow	No Flow	No Flow	0.02	0.02
27	0.02	No Flow	No Flow	No Flow	0.02	0.02	0.02
28	No Flow	No Flow	No Flow	0.02	0.02	0.02	0.02
29	No Flow	No Flow	No Flow	0.02	0.02	0.02	0.02
30	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
31	No Flow	No Flow	0.02	0.02	0.02	No Flow	0.02

<p><b>Conventional or Direct Filtration</b></p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes (No)</b></p> <p>All 4-hour turbidity readings ≤ 1 NTU? <b>(Yes / No)</b></p> <p>All turbidity readings &lt; IFE2 triggers <b>(Yes / No)</b></p>		<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <b>(Yes / No)</b></p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <b>(Yes / No)</b></p>	
<p>Notes: 12-10-25 effluent turbidity analyzer sample vial dirty. Sample vial cleaned on 1-7-2026</p>		<p>PRINTED NAME: <i>Pete Doster</i></p> <p>SIGNATURE: <i>Pete Doster</i></p> <p>PHONE #: <i>(503) 824-2500</i></p>	
		<p>DATE: <i>2/4/26</i></p> <p>CERT #: <i>6574</i></p>	

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**

System Name:	Colton	ID#: 41	00202	Month/Year:	Jan-26	WTP - :	A
						Disinfection <i>Giardia</i>	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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.07	50	53.5	8.0	7.20	47.6	YES	171
2	1.29	50	64.5	8.0	7.20	48.8	YES	140
3	1.28	50	64.0	9.0	7.20	45.6	YES	183
4	1.28	50	64.0	9.0	7.40	49.0	YES	184
5	1.29	50	64.5	9.0	7.20	45.7	YES	125
6	1.24	50	62.0	8.0	7.20	48.5	YES	122
7	1.23	50	61.5	9.0	7.20	45.3	YES	184
8	1.27	50	63.5	8.0	7.20	48.7	YES	105
9	1.28	50	64.0	8.0	7.20	48.7	YES	105
10	1.25	50	62.5	8.0	7.20	48.6	YES	178
11	1.33	50	66.5	8.0	7.40	52.6	YES	97
12	1.19	50	59.5	8.0	7.40	51.8	YES	174
13	1.01	50	50.5	9.0	7.40	47.5	YES	107
14	1.18	50	59.0	7.0	7.40	55.3	YES	114
15	1.18	50	59.0	7.0	7.40	55.3	YES	110
16	1.07	50	53.5	7.0	7.20	50.9	YES	114
17	1.11	50	55.5	8.0	7.20	47.8	YES	116
18	1.11	50	55.5	7.0	7.20	51.1	YES	98
19	1.15	50	57.5	7.0	7.20	51.3	YES	96
20	1.14	50	57.0	8.0	7.40	51.5	YES	132
21	1.26	50	63.0	8.0	7.40	52.2	YES	110
22	1.31	50	65.5	6.0	7.40	60.1	YES	123
23	1.33	50	66.5	6.0	7.40	60.2	YES	99
24	1.48	50	74.0	5.0	7.40	65.6	YES	116
25	1.5	50	75.0	5.0	7.40	65.8	YES	116
26	1.6	50	80.0	6.1	7.40	61.8	YES	170
27	1.58	50	79.0	7.0	7.40	58.0	YES	108
28	1.63	50	81.5	8.0	7.40	54.5	YES	135
29	1.59	50	79.5	8.0	7.40	54.2	YES	131
30	1.54	50	77.0	9.0	7.40	50.4	YES	125
31	1.49	50	74.5	8.0	7.20	49.9	YES	128

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

Revised November 2022

Return by 10th of following month by email, fax, or mail to:  
[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350