

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clackamas

Conventional or Direct Filtration

Month/Year: Feb-26

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	0.02	0.13	No Flow	No Flow	0.13
2	No Flow	No Flow	No Flow	0.02	0.03	0.02	0.03
3	No Flow	No Flow	No Flow	0.02	0.02	0.02	0.02
4	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
5	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
6	No Flow	No Flow	No Flow	0.02	0.02	No Flow	0.02
7	No Flow	No Flow	0.02	0.02	0.03	No Flow	0.03
8	No Flow	No Flow	0.14	No Flow	No Flow	No Flow	0.14
9	No Flow	No Flow	No Flow	0.03	0.03	0.03	0.03
10	0.03	No Flow	No Flow	No Flow	0.03	0.03	0.03
11	0.03	No Flow	No Flow	0.03	0.03	0.03	0.03
12	No Flow	No Flow	No Flow	0.03	0.03	No Flow	0.03
13	No Flow	No Flow	0.09	0.03	0.03	No Flow	0.09
14	No Flow	No Flow	0.03	0.04	0.03	No Flow	0.04
15	No Flow	No Flow	0.04	0.03	0.03	No Flow	0.04
16	No Flow	No Flow	0.04	0.09	0.03	0.03	0.09
17	No Flow	No Flow	No Flow	0.03	0.03	0.03	0.03
18	0.03	0.03	No Flow	0.03	0.03	No Flow	0.03
19	No Flow	No Flow	0.03	0.03	0.03	No Flow	0.03
20	No Flow	No Flow	No Flow	0.03	0.03	0.03	0.03
21	No Flow	No Flow	No Flow	0.03	0.03	0.03	0.03
22	No Flow	No Flow	No Flow	0.03	0.03	0.04	0.04
23	No Flow	No Flow	No Flow	No Flow	0.05	0.05	0.05
24	0.05	0.05	0.11	No Flow	No Flow	No Flow	0.11
25	No Flow	No Flow	No Flow	No Flow	0.08	0.06	0.08
26	0.06	No Flow	No Flow	No Flow	0.06	0.06	0.06
27	0.06	No Flow	No Flow	No Flow	0.07	0.06	0.07
28	0.06	No Flow	No Flow	No Flow	0.06	0.06	0.06
29							
30							
31							

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input type="radio"/> Yes / <input checked="" type="radio"/> No
All turbidity readings < IFE2 triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: <i>Pete Dastent</i>		DATE: <i>2/26/26</i>
	SIGNATURE: <i>Pete Dastent</i>		CERT #: <i>LS79</i>
	PHONE #: <i>503) 824-2500</i>		

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:	Feb-26	WTP - :	A
						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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.41	50	70.5	8.0	7.40	53.1	YES	138
2	1.35	50	67.5	8.0	7.40	52.8	YES	110
3	1.34	50	67.0	9.0	7.20	45.9	YES	92
4	1.33	50	66.5	9.0	7.40	49.2	YES	114
5	1.35	50	67.5	9.0	7.40	49.3	YES	139
6	1.36	50	68.0	9.0	7.40	49.4	YES	125
7	1.35	50	67.5	8.0	7.40	52.8	YES	104
8	1.33	50	66.5	9.0	7.40	49.2	YES	135
9	1.45	50	72.5	9.0	7.40	49.9	YES	160
10	1.25	50	62.5	8.0	7.20	48.6	YES	145
11	1.24	50	62.0	8.0	7.40	52.1	YES	227
12	1.23	50	61.5	8.0	7.40	52.0	YES	121
13	1.25	50	62.5	9.0	7.40	48.8	YES	133
14	1.31	50	65.5	9.0	7.40	49.1	YES	118
15	1.31	50	65.5	9.0	7.40	49.1	YES	95
16	1.34	50	67.0	9.0	7.40	49.3	YES	93
17	1.33	50	66.5	8.0	7.40	52.6	YES	102
18	1.35	50	67.5	7.0	7.40	56.4	YES	95
19	1.37	50	68.5	8.0	7.40	52.9	YES	148
20	1.39	50	69.5	9.0	7.40	49.6	YES	128
21	1.35	50	67.5	8.0	7.40	52.8	YES	174
22	1.33	50	66.5	9.0	7.40	49.2	YES	106
23	1.41	50	70.5	9.0	7.40	49.7	YES	156
24	1.56	50	78.0	10.0	7.40	47.3	YES	132
25	1.52	50	76.0	9.0	7.40	50.3	YES	255
26	1.45	50	72.5	8.0	7.40	53.4	YES	94
27	1.39	50	69.5	7.0	7.20	52.8	YES	99
28	1.34	50	67.0	7.0	7.40	56.4	YES	131
29		50						
30		50						
31		50						

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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350