

OHA -- Drinking Water Program -- Turbidity Monitoring Report Form County: Marlon  
 Conventional or Direct Filtration

System Name: JEFFERSON, City of ID#: OR4100408 WTP: WTP-A February/2021

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	Off	Off	Off	.04	.04	Off	.04
2	Off	.05	.06	.06	Off	Off	.06
3	Off	Off	.29	.06	.05	.05	.29
4	Off	Off	Off	.04	.04	Off	.04
5	Off	Off	.03	.03	Off	Off	.04
6	Off	Off	Off	.05	.04	Off	.05
7	Off	Off	Off	.04	.04	Off	.04
8	Off	Off	Off	.05	.04	Off	.05
9	Off	Off	Off	.04	.04	Off	.04
10	Off	Off	Off	.04	.04	Off	.04
11	Off	Off	Off	.04	.04	Off	.04
12	Off	Off	Off	.04	.04	Off	.04
13	Off	Off	Off	.04	.04	Off	.04
14	Off	Off	Off	.16	.08	.08	.16
15	Off	.06	.06	.06	.06	Off	.06
16	Off	.05	.29	.05	Off	Off	.29
17	Off	Off	.05	.06	Off	Off	.06
18	Off	Off	.05	.05	.08	Off	.08
19	Off	Off	.06	.05	.06	Off	.06
20	Off	Off	Off	.06	.06	Off	.06
21	Off	Off	Off	.07	.08	Off	.08
22	Off	Off	Off	.06	.06	Off	.06
23	Off	Off	Off	.06	.06	Off	.06
24	Off	Off	Off	.07	.07	Off	.07
25	Off	.04	.06	.06	.06	Off	.06
26	Off	Off	Off	.04	.04	Off	.04
27	Off	Off	Off	.06	.04	Off	.06
28	Off	Off	Off	.06	.04	Off	.06
29	Off	Off	Off	.04	.04	Off	.04
30							
31							

Conventional or Direct Filtration

95% of the 4-hour turbidity readings  $\leq$  0.3 NTU?  Yes  No  
 All the 4-hour turbidity reading  $\leq$  1 NTU?  Yes  No  
 All turbidity reading  $\leq$  IFE<sup>2</sup> triggers?  Yes  No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)  Yes  No  
 All Cl<sub>2</sub> residual at entry point  $\geq$  0.2 mg/l  Yes  No

Printed Name: DARRELL LOCKARD  
 Signature: Darrell Lockard Date: 3/8/21  
 Phone#: (541) 327-1135 Cert#: 2853

<sup>1</sup> 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. <sup>2</sup> IFE= Individual Filter Effluent. (OAR 333-061-0400 (1)(e) (B&C))

0000870008  
 CRESWELL WELLNESS CENTER  
 03/08/2021 11:49AM FAX 5418953359

# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: JEFFERSON, City of ID#: OR 4100408 WTP: WTP-A

February/2021

required Log  
inactivation: 1

Date/Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>a</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use Tables	Yes./No.	[GPM]
1/0905	0.8	593	474	7.0	7.0	49	Yes	283
2/0906	0.8	270	216	7.0	7.0	49	Yes	661
3/0925	0.8	512	409	7.0	7.0	49	Yes	330
4/0854	0.8	366	293	7.0	7.0	49	Yes	472
5/0930	0.7	451	316	7.0	6.9	49	Yes	378
6/0903	0.7	288	202	7.0	7.0	49	Yes	614
7/0856	0.8	512	409	8.0	7.0	49	Yes	330
8/0854	0.8	593	474	8.0	7.0	49	Yes	283
9/0902	0.8	310	248	8.0	7.0	49	Yes	567
10/0927	0.8	705	564	8.0	7.0	49	Yes	236
11/0908	0.8	593	474	8.0	7.0	49	Yes	283
12/0949	0.7	705	494	7.0	7.1	58	Yes	236
13/1130	0.8	310	248	7.0	7.1	58	Yes	567
14/0850	0.8	593	474	7.0	7.0	49	Yes	283
15/0900	0.8	310	248	7.0	6.9	49	Yes	567
16/0913	0.8	336	269	7.0	6.9	49	Yes	519
17/0920	0.8	288	231	7.0	6.9	49	Yes	614
18/0902	0.9	253	228	7.0	7.0	49	Yes	709
19/1023	0.8	336	269	7.0	7.0	49	Yes	519
20/1005	0.8	593	474	7.0	7.0	49	Yes	283
21/1230	0.8	705	564	7.0	7.1	58	Yes	236
22/0906	0.9	705	635	7.0	7.0	49	Yes	236
23/0903	0.9	451	406	7.0	6.9	49	Yes	378
24/0926	0.9	451	406	7.0	7.0	49	Yes	378
25/0900	0.9	310	279	7.0	6.9	49	Yes	567
26/0956	0.9	366	329	7.0	7.0	49	Yes	472
27/0900	0.9	404	364	8.0	7.0	49	Yes	425
28/0850	0.9	336	302	8.0	7.0	49	Yes	519
29/								
30/								
31/								

00009/0008  
CRESWELL WELLNESS CENTER  
03/08/2021 11:49AM FAX 5418953358

If Cl<sub>2</sub> at entry point < 0.2 mg/l, or CT not met, notify DWP by end of next business day.  
download form at : [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-direct.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-direct.pdf)