

OHA – Drinking Water Program – Turbidity Monitoring Report Form County: **Marion**
Conventional or Direct Filtration

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

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	Off	Off	Off	.06	.04	Off	.06
2	Off	Off	.04	.05	Off	Off	.05
3	Off	Off	.04	.05	Off	Off	.05
4	Off	Off	.05	.04	Off	Off	.05
5	Off	Off	.03	.04	.04	Off	.04
6	Off	Off	.03	.03	.04	Off	.04
7	Off	Off	.03	.03	.03	Off	.03
8	Off	Off	.04	.03	Off	Off	.04
9	Off	.04	.03	.03	Off	Off	.04
10	Off	Off	.03	.03	Off	Off	.03
11	Off	Off	.03	.03	Off	Off	.03
12	Off	Off	.03	.03	.03	Off	.03
13	Off	Off	.03	.03	.03	Off	.03
14	Off	Off	Off	.03	.03	Off	.03
15	Off	.03	.03	.03	Off	Off	.03
16	Off	Off	.03	.03	Off	Off	.03
17	Off	Off	.04	.03	.03	Off	.04
18	Off	Off	.04	.03	Off	Off	.04
19	Off	Off	.03	.03	.03	Off	.03
20	Off	Off	.04	.03	.04	Off	.04
21	Off	Off	.04	.03	.03	Off	.04
22	Off	Off	Off	.03	.03	Off	.03
23	Off	.03	.03	.03	Off	Off	.03
24	Off	.04	.03	.03	Off	Off	.04
25	Off	Off	.04	.03	.03	Off	.04
26	Off	Off	.04	.03	.03	Off	.04
27	Off	Off	.03	.03	.04	Off	.04
28	Off	Off	Off	.04	.04	Off	.04
29	Off	Off	.03	.03	.03	Off	.03
30	Off	Off	.03	.03	.03	Off	.03
31	Off	.03	.03	.03	Off	Off	.03

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 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 Cl ₂ residual at entry point ≥ 0.2 mg/l <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All the 4-hour turbidity reading ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
All turbidity reading ≤ IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
Notes:	Printed Name: DARREL LOCKARD	Date: 4/8/21	
	Signature: <i>[Handwritten Signature]</i>	Cert#: 2853	
	Phone#: (541) 327-1135		

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= Individual Filter Effluent. (OAR 333-061-0400 (1)(e) (B&C))

OHA – Drinking Water Program – Surface Water Quality Data Form

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

March/2021

required Log

Inactivation: 1

Date / Time	Minimum Cl ₂ Residual at 1 st 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/ 0920	0.9	593	534	7	6.9	49	Yes	283
2/ 0852	0.9	593	534	7	6.9	49	Yes	283
3/ 0915	0.8	705	564	7	7.0	49	Yes	236
4/ 0904	0.9	310	279	8	6.9	49	Yes	567
5/ 0936	0.8	705	564	8	7.0	49	Yes	236
6/ 0853	0.9	593	534	8	7.0	49	Yes	283
7/ 0857	0.9	310	279	8	6.9	49	Yes	567
8/ 0850	0.9	182	164	8	7.0	49	Yes	1039
9/ 0910	0.9	451	406	8	7.0	49	Yes	378
10/ 0927	0.8	705	564	8	6.9	49	Yes	236
11/ 0910	0.8	593	474	8	7.1	58	Yes	283
12/ 0945	0.8	512	409	8	7.1	58	Yes	330
13/ 0850	0.9	336	302	8	7.0	49	Yes	519
14/ 0950	0.8	366	293	8	7.1	58	Yes	472
15/ 0915	0.8	404	323	8	7.0	49	Yes	425
16/ 0915	0.9	366	329	8	7.0	49	Yes	472
17/ 1035	0.9	593	534	8	6.9	49	Yes	283
18/ 0942	0.9	404	364	8	6.9	49	Yes	425
19/ 1112	0.9	593	534	8	6.9	49	Yes	283
20/ 0930	0.9	310	279	8	6.9	49	Yes	567
21/ 0950	0.8	512	409	8	6.9	49	Yes	330
22/ 0910	0.9	404	364	8	7.0	49	Yes	425
23/ 0912	0.9	593	534	8	6.9	49	Yes	283
24/ 0920	0.9	593	534	8	7.0	49	Yes	283
25/ 0903	0.9	593	534	8	6.9	49	Yes	283
26/ 0932	0.8	593	474	8	6.9	49	Yes	283
27/ 0900	0.9	288	259	8	7.0	49	Yes	614
28/ 0905	0.9	593	534	8	6.9	49	Yes	283
29/ 0912	0.8	593	474	8	7.0	49	Yes	283
30/ 0900	0.8	705	564	8	7.0	49	Yes	236
31/ 0936	0.8	288	231	8	7.0	49	Yes	614

³ If Cl₂ 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