

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

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

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

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 / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l <input checked="" type="radio"/> Yes / No	
All the 4-hour turbidity reading ≤ 1 NTU? <input checked="" type="radio"/> Yes / No			
All turbidity reading ≤ IFE triggers? <input checked="" type="radio"/> Yes / No			
Notes:	Printed Name: DARREL LOCKARD	Date:	
	Signature: <i>Darrel Lockard</i>		
	Phone#: (541) 327-1135	Cert#: 2853	
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. 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

April/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/ 0850	0.9	310	279	8	6.9	49	Yes	567
2/ 0945	0.9	593	534	8	6.9	49	Yes	283
3/ 0855	0.9	593	534	8	7.0	49	Yes	283
4/ 0850	0.9	512	461	8	7.0	49	Yes	330
5/ 0905	0.8	310	248	9	7.0	49	Yes	567
6/ 1000	0.9	336	302	9	6.9	49	Yes	519
7/ 1020	0.8	288	230	9	7.0	49	Yes	614
8/ 0925	0.9	593	534	9	7.0	49	Yes	283
9/ 1020	0.9	593	534	9	7.0	49	Yes	283
10/ 1200	0.9	310	279	9	6.9	49	Yes	567
11/ 1400	0.9	593	534	9	6.9	49	Yes	283
12/ 0915	0.9	512	461	9	7.0	49	Yes	330
13/ 0905	0.9	404	364	9	7.0	49	Yes	425
14/ 1010	0.7	512	358	9	7.0	49	Yes	330
15/ 0910	0.7	512	358	9	7.0	49	Yes	330
16/ 1000	0.7	404	283	9	6.9	49	Yes	425
17/ 0915	0.8	310	248	10	7.0	37	Yes	567
18/ 0910	0.7	336	235	10	6.9	37	Yes	519
19/ 0930	0.8	288	230	10	7.0	37	Yes	614
20/ 0915	0.8	310	248	11	6.9	37	Yes	567
21/ 1030	0.8	512	409	11	6.9	37	Yes	330
22/ 0930	0.8	366	293	11	6.9	37	Yes	472
23/ 0850	0.8	451	361	12	6.9	37	Yes	378
24/ 0845	0.9	593	534	12	7.0	37	Yes	283
25/ 0845	0.9	593	534	12	7.0	37	Yes	283
26/ 0900	0.9	593	534	12	7.0	37	Yes	283
27/ 0830	0.8	512	409	12	7.0	37	Yes	330
28/ 1040	0.9	366	329	12	7.0	37	Yes	472
29/ 1000	0.9	404	364	12	6.9	37	Yes	425
30/ 0950	0.9	366	329	12	6.9	37	Yes	472
31/								

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 :