

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

System Name: JEFFERSON, City of

ID#: OR4100408

WTP: WTP-A

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

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

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 IFE² triggers? Yes / No²

CT's met everyday?
(see back)
 Yes / No

All Cl₂ residual at entry point \geq 0.2 mg/l
 Yes / No

Notes:

Printed Name: DARREL LOCKARD

Signature: Darrel Lockard

Date: 6/9/21

Phone#: (541) 327-1135

Cert#: 2853

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**

May/ 2021

required Log

Inactivation: 1

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use Tables	Yes / No	[GPM]
1/ 0945	0.9	512	461	12	6.9	37	Yes	330
2/ 0945	0.8	512	409	12	6.9	37	Yes	330
3/ 0905	0.9	593	534	13	7.0	37	Yes	283
4/ 0915	0.7	216	151	13	6.9	37	Yes	850
5/ 1040	0.7	451	316	13	6.9	37	Yes	378
6/ 0930	0.7	336	235	13	6.9	37	Yes	519
7/ 0950	0.7	512	358	13	6.9	37	Yes	330
8/ 0900	0.7	512	358	13	6.9	37	Yes	330
9/ 0900	0.8	512	409	13	6.9	37	Yes	330
10/ 0915	0.7	512	358	13	7.0	37	Yes	330
11/ 1040	0.7	404	283	13	7.0	37	Yes	425
12/ 1015	0.8	404	323	13	6.9	37	Yes	425
13/ 1000	0.8	253	203	13	6.9	37	Yes	709
14/ 1045	0.7	404	283	14	6.9	37	Yes	425
15/ 0855	0.8	451	361	14	7.0	37	Yes	378
16/ 0850	0.8	72	58	15	6.9	24	Yes	3639
17/ 1030	0.8	253	203	14	6.9	37	Yes	709
18/ 0930	0.9	451	406	15	6.9	24	Yes	378
19/ 0945	0.9	288	259	15	6.9	24	Yes	614
20/ 0930	0.9	593	534	15	6.9	24	Yes	283
21/ 0930	0.8	593	474	15	7.0	24	Yes	283
22/ 0950	0.8	366	293	15	6.9	24	Yes	472
23/ 1030	0.8	512	409	14	6.9	37	Yes	330
24/ 0945	0.7	593	415	14	7.0	37	Yes	283
25/ 0915	0.7	288	202	14	7.0	37	Yes	614
26/ 0920	0.7	451	316	14	7.0	37	Yes	378
27/ 0950	0.7	593	415	14	7.0	37	Yes	283
28/ 1020	0.8	451	361	14	6.9	37	Yes	378
29/ 0845	0.7	404	283	14	6.8	37	Yes	425
30/ 0900	0.7	270	189	14	6.9	37	Yes	661
31/ 0855	0.7	366	256	14	6.8	37	Yes	472

^a 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