

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

System Name: **JEFFERSON, City of** ID#: **OR4100408** WTP: **WTP-A** June/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	.03	Off	Off	.03	.03	.03	.03
2	.03	Off	Off	.03	.03	.03	.03
3	Off	.03	.03	.03	.03	Off	.03
4	Off	.03	.03	.03	.03	.03	.03
5	Off	Off	.03	.03	.03	.03	.03
6	Off	Off	.03	.03	.03	Off	.03
7	Off	.03	.03	.03	.03	Off	.03
8	Off	.03	.03	.03	.03	Off	.03
9	Off	.03	.03	.03	Off	Off	.03
10	Off	.03	.03	.03	.03	Off	.03
11	Off	.03	.03	.03	Off	Off	.03
12	Off	.03	.03	.03	.03	Off	.03
13	Off	Off	.03	.03	.03	Off	.03
14	Off	Off	.03	.03	.03	Off	.03
15	Off	.03	.03	.03	Off	Off	.03
16	Off	.03	.03	.03	Off	Off	.03
17	Off	.03	.03	.03	Off	Off	.03
18	.03	.03	.03	.03	.03	Off	.03
19	.03	.03	.03	.03	.03	Off	.03
20	Off	.03	.03	.03	.03	.03	.03
21	Off	Off	.03	.03	.03	.03	.03
22	Off	Off	.03	.03	.03	.03	.03
23	Off	Off	.03	.03	.03	.03	.03
24	Off	Off	.03	.03	.03	.03	.03
25	.03	Off	.03	.03	.03	.03	.03
26	Off	Off	.03	.03	.03	.03	.03
27	.03	Off	.03	.03	.03	.03	.03
28	.03	Off	.04	.03	.03	.03	.04
29	.03	Off	.04	.03	.03	.03	.04
30	Off	Off	.03	.03	.03	.03	.03
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l <input checked="" type="radio"/> Yes / No
All the 4-hour turbidity reading $\leq$ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity reading $\leq$ IFE triggers? <input checked="" type="radio"/> Yes / No <sup>2</sup>		
Notes:	Printed Name: Darrel Lockard	
	Signature: <i>Darrel Lockard</i>	Date: 7/9/21
	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))

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

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

June/2021

required Log

Inactivation: 1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</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/ 0850	0.8	366	293	14.0	6.8	37	Yes	472
2/ 0930	0.8	366	293	16.0	6.8	24	Yes	472
3/ 0915	0.8	270	216	16.0	6.8	24	Yes	661
4/ 0910	0.8	288	230	18.0	6.8	24	Yes	614
5/ 0920	0.7	404	283	18.0	6.8	24	Yes	425
6/ 0855	0.8	404	323	18.0	6.8	24	Yes	425
7/ 0900	0.8	310	248	18.0	6.9	24	Yes	567
8/ 0920	0.8	404	323	17.0	6.8	24	Yes	425
9/ 1000	0.8	451	361	17.0	6.8	24	Yes	378
10/ 0935	0.7	451	316	17.0	6.8	24	Yes	378
11/ 0938	0.8	451	361	17.0	6.8	24	Yes	378
12/ 0945	0.8	451	361	17.0	6.8	24	Yes	378
13/ 0900	0.8	512	409	16.0	6.8	24	Yes	330
14/ 0935	0.7	512	358	16.0	6.8	24	Yes	330
15/ 0930	0.8	512	409	16.0	6.8	24	Yes	330
16/ 1010	0.7	512	358	16.0	6.9	24	Yes	330
17/ 0934	0.8	404	323	16.0	7.0	24	Yes	425
18/ 0935	0.7	404	283	16.0	6.9	24	Yes	425
19/ 0835	0.7	451	316	16.0	6.9	24	Yes	378
20/ 0840	0.7	270	189	17.0	6.9	24	Yes	661
21/ 0910	0.8	310	248	17.0	7.0	24	Yes	567
22/ 0920	0.8	310	248	18.0	6.9	24	Yes	567
23/ 0950	0.7	366	256	19.0	7.0	24	Yes	472
24/ 0920	0.7	253	177	20.0	6.9	18	Yes	709
25/ 0950	0.8	253	203	20.0	6.8	18	Yes	709
26/ 0920	0.8	288	230	20.0	6.9	18	Yes	614
27/ 0915	0.7	270	189	21.0	6.9	18	Yes	661
28/ 0925	0.7	253	177	22.0	7.0	18	Yes	709
29/ 0910	0.7	310	217	22.0	7.0	18	Yes	567
30/ 0930	0.7	270	189	23	7.0	18	Yes	661
31/								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, or CT not met, notify DWP by end of next business day.