

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

System Name: **JEFFERSON, City of** ID#: **OR4100408** WTP: **WTP-A** September/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	.03	Off	.03
2	Off	Off	.03	.03	.03	Off	.03
3	Off	.03	.03	.03	.03	Off	.03
4	Off	Off	.03	.03	.03	.03	.03
5	Off	Off	.03	.03	.03	.03	.03
6	Off	Off	.03	.03	.03	.03	.03
7	Off	.03	.03	.03	.03	Off	.03
8	Off	.03	.03	.03	Off	Off	.03
9	Off	.03	.03	.03	.03	Off	.03
10	Off	.03	.03	.03	.03	Off	.03
11	Off	Off	.03	.03	.03	.03	.03
12	Off	Off	.03	.03	.03	Off	.03
13	Off	.03	.03	.03	.03	Off	.03
14	Off	.03	.03	.03	.03	Off	.03
15	Off	.03	.03	.03	.03	Off	.03
16	Off	.03	.03	.03	Off	Off	.03
17	Off	Off	.03	.03	.03	Off	.03
18	Off	Off	.03	.03	.03	Off	.03
19	Off	.03	.03	.03	.03	Off	.03
20	Off	Off	.03	.03	.03	Off	.03
21	Off	.03	.03	.03	.03	Off	.03
22	Off	.05	.03	.03	.03	Off	.05
23	Off	Off	.03	.03	.03	Off	.03
24	Off	Off	.03	.03	.03	Off	.03
25	Off	Off	.03	.03	.03	Off	.03
26	Off	.03	.03	.03	.03	Off	.03
27	Off	.03	.03	.03	Off	Off	.03
28	Off	.04	.03	.03	Off	Off	.04
29	Off	.03	.03	.03	.03	Off	.03
30	Off	Off	.03	.03	.03	Off	.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 <sub>2</sub> 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: <b>Darrel Lockard</b>	
	Signature: <i>Darrel Lockard</i>	Date: <b>10/8/21</b>
	Phone#: (541) 327-1135	Cert#: <b>2853</b>

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**

September/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/ 0940	0.8	404	323	19.0	7.0	24	Yes	425
2/ 0945	0.8	451	361	19.0	7.0	24	Yes	378
3/ 1055	0.8	336	269	18.0	7.0	24	Yes	519
4/ 0900	0.8	310	248	18.0	7.1	29	Yes	567
5/ 0900	0.8	404	323	18.0	7.1	29	Yes	425
6/ 0900	0.8	404	323	18.0	7.0	24	Yes	425
7/ 0935	0.8	115	92	18.0	7.0	24	Yes	1843
8/ 0950	0.8	366	293	18.0	7.0	24	Yes	472
9/ 0915	0.8	451	361	18.0	7.0	24	Yes	378
10/ 1100	0.8	404	323	18.0	7.1	29	Yes	425
11/ 0915	0.8	366	293	17.0	7.1	29	Yes	472
12/ 1030	0.9	404	364	17.0	7.2	29	Yes	425
13/ 1155	0.8	404	323	18.0	7.2	29	Yes	425
14/ 1010	0.8	451	361	17.0	7.2	29	Yes	378
15/ 0930	0.7	451	316	17.0	7.1	29	Yes	378
16/ 0930	0.7	451	316	17.0	7.3	29	Yes	378
17/ 0900	0.8	404	323	17.0	7.3	29	Yes	425
18/ 0910	0.7	512	358	17.0	7.3	29	Yes	330
19/ 0930	0.8	310	248	17.0	7.4	29	Yes	567
20/ 1030	0.8	404	323	17.0	7.2	29	Yes	425
21/ 0930	0.7	512	358	17.0	7.3	29	Yes	330
22/ 1100	0.7	336	235	16.0	7.2	29	Yes	519
23/ 0930	0.7	451	316	16.0	7.1	29	Yes	378
24/ 0945	0.7	512	358	16.0	7.2	29	Yes	330
25/ 0930	0.7	593	415	16.0	7.0	24	Yes	283
26/ 0840	0.7	310	217	16.0	7.1	29	Yes	567
27/ 0905	0.7	366	256	16.0	7.1	29	Yes	472
28/ 0925	0.8	593	474	16.0	7.1	29	Yes	283
29/ 1030	0.7	593	415	16.0	7.2	29	Yes	283
30/ 0920	0.7	593	415	16.0	7.1	29	Yes	283
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.

Download form at :