

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



System Name: **JEFFERSON, City of** ID#: **OR4100408** WTP: **WTP-A** October/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	.03	.03	.03	.03	Off	.03
2	Off	Off	.03	.03	.03	Off	.03
3	Off	Off	.03	.03	.03	Off	.03
4	Off	Off	.03	.03	.03	Off	.03
5	Off	Off	Off	.03	.03	Off	.03
6	Off	.03	.03	.03	.03	Off	.03
7							
8							
9							
10							
11							
12							
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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: WTP shut down for switch over to new WTP 10/07/2021	Printed Name: Darrel Lockard	
	Signature: <i>Darrel Lockard</i>	Date: 11/8/21
	Phone#: (541) 327-1135	Cert#: 2853

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

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

October/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/ 0935	0.7	512	358	16.0	7.0	24	Yes	330
2/ 0930	0.7	593	415	16.0	7.1	29	Yes	283
3/ 0900	0.7	593	415	16.0	7.1	29	Yes	283
4/ 0925	0.8	512	409	15.0	7.2	29	Yes	330
5/ 0900	0.8	512	409	15.0	7.1	29	Yes	330
6/ 0935	0.8	310	248	15.0	7.1	29	Yes	567
7/								
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<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 :

OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Marion  
 Month/Year: Oct-21

System Name: JEFFERSON, City of ID#: 41 00408 WTP : TP - WTP-A

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	Off	Off	Off	Off	Off	Off	Off
2	Off	Off	Off	Off	Off	Off	Off
3	Off	Off	Off	Off	Off	Off	Off
4	Off	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	Off	Off	Off
6	Off	Off	Off	Off	Off	Off	Off
7	Off	Off	0.01	0.01	Off	Off	0.01
8	Off	Off	0.01	0.01	Off	Off	0.01
9	Off	Off	0.01	0.01	0.01	Off	0.01
10	Off	Off	0.01	0.01	Off	Off	0.01
11	Off	Off	0.01	0.01	Off	Off	0.01
12	Off	Off	0.01	0.01	Off	Off	0.01
13	Off	Off	Off	0.01	0.01	Off	0.01
14	Off	Off	Off	0.01	0.01	Off	0.01
15	Off	Off	0.01	0.01	Off	Off	0.01
16	Off	Off	0.01	0.01	Off	Off	0.01
17	Off	Off	0.01	0.01	Off	Off	0.01
18	Off	0.01	0.01	0.01	Off	Off	0.01
19	Off	0.01	0.01	0.01	0.01	Off	0.01
20	Off	Off	0.01	0.01	Off	Off	0.01
21	Off	0.01	0.01	Off	Off	Off	0.01
22	Off	Off	0.01	0.01	Off	Off	0.01
23	Off	Off	0.01	0.01	Off	Off	0.01
24	Off	Off	0.01	0.01	Off	Off	0.01
25	Off	0.01	0.01	Off	Off	Off	0.01
26	Off	Off	0.01	0.01	Off	Off	0.01
27	Off	0.01	0.01	Off	Off	Off	0.01
28	Off	Off	0.01	0.01	Off	Off	0.01
29	Off	Off	0.01	0.01	Off	Off	0.01
30	Off	Off	0.01	0.01	Off	Off	0.01
31	Off	Off	0.01	0.01	Off	Off	0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <input type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: Darrel Lockard

SIGNATURE: *Darrel Lockard* DATE: 11/8/21

PHONE #: (541 ) 222-9997 CERT #: 2853

<sup>1</sup> Including continuous NTU 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> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : WTP-A  
 Disinfection *Giardia* Log  
 Inactiv: 0.5

System Name: JEFFERSON, City of ID#: 41-00408 October 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]		formula	Yes / No	[GPM]
1		35.1					Yes	700
2		35.1					Yes	700
3		35.1					Yes	700
4		35.1					Yes	700
5		35.1					Yes	700
6		35.1					Yes	700
7	1.12	35.1	39.3	15.1	7.36	15.7	Yes	700
8	1.16	35.1	40.7	15.0	7.33	15.7	Yes	700
9	1.04	35.1	36.5	15.0	7.21	14.8	Yes	700
10	0.94	35.1	33.0	14.8	7.30	15.3	Yes	700
11	1.03	35.1	36.2	14.9	7.31	15.4	Yes	700
12	1.04	35.1	36.5	14.7	7.33	15.8	Yes	700
13	1.17	35.1	41.1	14.6	7.40	16.5	Yes	700
14	1.11	35.1	39.0	14.5	7.43	16.7	Yes	700
15	1.16	35.1	40.7	14.5	7.36	16.4	Yes	700
16	1.1	35.1	38.6	14.4	7.40	16.6	Yes	700
17	1.16	35.1	40.7	14.3	7.27	16.1	Yes	700
18	1.08	35.1	37.9	14.3	7.20	15.5	Yes	700
19	1.09	35.1	38.3	14.0	7.19	15.8	Yes	700
20	1.01	35.1	35.5	14.0	7.29	16.2	Yes	700
21	1.01	35.1	35.5	14.0	7.33	16.5	Yes	700
22	1.08	35.1	37.9	13.9	7.26	16.3	Yes	700
23	1	35.1	35.1	13.8	7.18	15.8	Yes	700
24	0.96	35.1	33.7	13.7	7.07	15.2	Yes	700
25	0.9	35.1	31.6	13.6	7.18	15.8	Yes	700
26	0.96	35.1	33.7	13.5	7.38	17.3	Yes	700
27	0.92	35.1	32.3	13.4	7.33	17.0	Yes	700
28	0.96	35.1	33.7	13.4	7.27	16.7	Yes	700
29	0.81	35.1	28.4	13.2	7.14	15.8	Yes	700
30	1	35.1	35.1	13.3	7.13	16.0	Yes	700
31	1.08	35.1	37.9	13.4	7.17	16.3	Yes	700

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350