

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

System Name: TRI-CITY JW&SA **ID #:** OR4100549 **WTP-:**WTP-A **Month/Year:** **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 [NTU]
1	OFF	OFF	OFF	OFF	.062	.061	.075
2	.060	.060	.060	OFF	OFF	OFF	.060
3	OFF	OFF	OFF	.064	.061	.064	.070
4	OFF	OFF	OFF	.072	.062	.061	.072
5	.061	.060	.060	OFF	OFF	OFF	.061
6	OFF	OFF	OFF	.073	.061	.061	.075
7	.061	.060	.061	OFF	OFF	OFF	.061
8	OFF	OFF	OFF	OFF	OFF	.066	.069
9	.062	.062	.063	.063	.064	OFF	.063
10	OFF	OFF	OFF	OFF	.061	.060	.079
11	.060	OFF	OFF	OFF	OFF	OFF	.060
12	OFF	.062	.061	.061	.061	.062	.069
13	.064	OFF	OFF	OFF	OFF	OFF	.064
14	.067	.060	.060	.061	.061	.061	.067
15	.061	OFF	OFF	OFF	OFF	OFF	.061
16	OFF	.068	.060	.061	.061	.062	.077
17	.059	.061	OFF	OFF	OFF	OFF	.061
18	OFF	.071	.068	.060	.045	.047	.078
19	.045	OFF	OFF	OFF	OFF	OFF	.065
20	.052	.045	.045	.045	.046	OFF	.057
21	OFF	OFF	OFF	OFF	.068	.061	.068
22	.061	.061	.061	.061	OFF	OFF	.061
23	OFF	OFF	OFF	OFF	.062	.062	.068
24	.061	.061	.061	.062	OFF	OFF	.062
25	OFF	OFF	OFF	OFF	.072	.062	.074
26	.061	.062	.062	.062	.062	.067	.062
27	.063	OFF	OFF	OFF	OFF	OFF	.072
28	.064	.062	.062	.063	.063	.064	.064
29	OFF	OFF	OFF	OFF	OFF	.063	.079
30	.063	.063	.063	.063	.063	.063	.063
31	.063	.062	.062	OFF	OFF	OFF	.063

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
Notes:	PRINTED NAME: BRIAN KELLY		
	SIGNATURE: <i>Brian Kelly</i>	DATE: 6-1-21	
	PHONE #: (541) 580-2581	CERT #: D-8441 T-8301	

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 = Individ. Filter Effl. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form

TRI-CITY JW&SA ID #: OR4100549 WTP-: WTP-A Month/Year: **MAY 2021**

Required Log Inactivation: **5**

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]
1/1:33 P _M	.69	60	41	16.6	7.6	17	Yes	810
2/7:00 A _M	.98	60	58	17.8	7.4	15	Yes	810
3/12:57 P _M	.87	60	52	17.1	7.4	15	YES	798
4/1:15 P _M	.82	60	49	17.0	7.5	15	YES	805
5/8:00 A _M	.99	60	59	17.8	7.4	15	YES	805
6/1:41 P _M	.89	60	53	17.7	7.4	15	YES	811
7/8:40 A _M	1.00	60	60	17.5	7.4	15	YES	811
8/7:54 A _M	.88	60	53	17.1	7.3	15	YES	807
9/11:00 A _M	1.01	60	60	16.9	7.3	15	YES	807
10/2:09 P _M	.90	60	54	16.7	7.4	15	YES	810
11/1:00 A _M	1.00	60	60	17.6	7.5	15	YES	810
12/13:05 A _M	.91	60	54	17.5	7.4	15	YES	796
13/12:00 A _M	1.00	60	60	19.3	7.5	15	YES	796
14/11:31 A _M	.98	60	58	19.4	7.5	15	YES	809
15/1:00 A _M	.99	60	59	20.9	7.5	11	YES	809
16/4:00 A _M	.88	60	52	20.5	7.4	11	YES	813
17/16:15 A _M	.88	60	52	21.2	7.5	11	YES	813
18/13:42 A _M	.78	60	46	20.8	7.5	11	YES	817
19/12:05 A _M	.96	60	57	20.8	7.5	11	YES	817
20/11:03 A _M	.86	60	51	20.4	7.5	11	YES	810
21/13:53 P _M	.90	60	54	17.3	7.3	15	YES	806
22/16:00 P _M	1.00	60	60	16.7	7.4	15	YES	806
23/12:23 P _M	.92	60	55	16.6	7.4	15	YES	807
24/11:00 A _M	1.01	60	60	18.2	7.3	15	YES	807
25/4:33 P _M	.90	60	54	18.4	7.3	15	YES	814
26/19:50 A _M	1.19	60	71	18.2	7.3	15	YES	814
27/10:35 P _M	.99	60	59	20.2	7.5	11	Yes	810
28/8:00 A _M	.84	60	50	19.9	7.4	15	Yes	810
29/5:57 P _M	.89	60	53	20.5	7.4	11	Yes	875
30/8:30 A _M	1.00	60	60	20.9	7.3	11	Yes	875
31/11:45 P _M	.87	60	52	21.9	7.3	11	Yes	875

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.