

**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: **OCT 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	.046	.045	OFF	OFF	OFF	OFF	.046
2	OFF	OFF	OFF	OFF	.049	.045	.055
3	.045	.044	.044	OFF	OFF	OFF	.045
4	OFF	OFF	OFF	OFF	.053	.046	.059
5	.045	.044	.043	.043	OFF	OFF	.045
6	OFF	OFF	OFF	OFF	OFF	OFF	.055
7	.047	.036	.034	.033	.033	OFF	.047
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	.045	.033	.032	.032	.032	.045
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	.036	.032	.032	.062
12	.032	OFF	OFF	OFF	OFF	OFF	.032
13	OFF	OFF	OFF	OFF	.036	.032	.051
14	.031	.031	.031	.031	OFF	OFF	.031
15	OFF	OFF	OFF	OFF	OFF	OFF	.036
16	.031	.031	.031	.031	OFF	OFF	.032
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	.036	.033	.031	.031	.046
19	.031	.031	OFF	OFF	OFF	OFF	.031
20	OFF	OFF	OFF	OFF	.034	.031	.040
21	.031	.031	OFF	OFF	.031	OFF	.031
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	.032	.033	OFF	OFF	OFF	OFF	.033
24	OFF	.036	.050	.085	.097	.097	.097
25	OFF	OFF	OFF	OFF	OFF	OFF	.119
26	OFF	OFF	OFF	OFF	OFF	.032	.075
27	.032	.031	.031	.031	OFF	OFF	.032
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	.033	.031	.031	.032	.032	.051
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	.035	.032	.032	.045

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
<b>Notes:</b>	PRINTED NAME: <b>BRIAN KELLY</b>		
	SIGNATURE: <i>Brian Kelly</i>		DATE: <b>11-2-21</b>
	PHONE #: <b>(541) 580-2581</b>		CERT #: <b>D-8441</b> <b>T-8301</b>

<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 = 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:

**OCT**

**2021**

Required Log Inactivation: **5**

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]
1/6:05 A	1.23	60	73	18.8	7.7	19	YES	840
2/2:38 P	.85	60	51	18.9	7.6	18	YES	837
3/7:00 A	1.28	60	76	17.7	7.7	19	YES	837
4/5:37 P	1.09	60	65	18.1	7.6	18	YES	830
5/8:35 A	1.28	60	76	17.7	7.7	19	YES	830
6/11:39 P	1.07	60	64	17.7	7.6	18	YES	838
7/8:20 A	1.27	60	76	16.8	7.7	19	YES	838
8/ OFF	-	-	-	-	-	-	-	OFF
9/4:13 A	.95	60	57	16.4	7.7	18	YES	841
10/ OFF	-	-	-	-	-	-	-	OFF
11/10:54 A	1.08	60	64	15.9	7.8	18	YES	845
12/3:00 A	1.28	60	76	15.0	7.9	19	YES	845
13/3:45 P	1.30	60	78	14.9	7.9	28	YES	825
14/10:00 A	1.63	60	97	14.2	7.8	29	Yes	825
15/9:33 P	1.01	60	60	14.9	7.2	22	Yes	822
16/8:00 A	1.22	60	73	14.8	7.2	23	Yes	822
17/ OFF	-	-	-	-	-	-	-	OFF
18/9:34 A	1.07	60	64	15.1	7.2	15	Yes	825
19/4:00 A	1.22	60	73	14.3	7.3	23	Yes	825
20/4:24 P	1.07	60	64	14.7	7.2	22	YES	835
21/1:01 A	1.23	60	73	13.9	7.2	23	YES	835
22/1:42 P	1.18	60	70	14.0	7.2	23	YES	840
23/1:01 A	1.21	60	72	14.2	7.2	23	YES	840
24/3:55 P	1.05	60	63	14.5	7.1	22	YES	835
25/2:18 P	.88	60	52	14.1	7.0	18	YES	722
26/3:11 P	1.43	60	85	13.9	7.0	23	YES	841
27/9:05 A	.80	60	48	13.4	7.3	22	YES	841
28/ OFF	-	-	-	-	-	-	-	-
29/2:13 A	.91	60	54	14.2	7.1	22	YES	847
30/ OFF	-	-	-	-	-	-	-	OFF
31/11:05 A	.95	60	57	14.9	7.2	22	YES	814

<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.