

**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:

FEB 23

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	.063	.063	OFF	OFF	.072
3	.061	.061	.061	.061	OFF	OFF	.061
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	.066	.062	.062	.062	.070
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	.063	.061	.060	.075
8	OFF	OFF	OFF	OFF	OFF	.062	.077
9	.061	.060	.060	OFF	OFF	OFF	.061
10	OFF	OFF	OFF	OFF	.063	.061	.063
11	.061	.061	OFF	OFF	OFF	OFF	.061
12	OFF	OFF	OFF	OFF	OFF	OFF	.074
13	.065	.063	.062	.063	.062	.062	.065
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	.065	.063	.062	.099
16	.062	.062	OFF	OFF	OFF	OFF	.062
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	.064	.062	.062	.062	.064
19	.063	OFF	OFF	OFF	OFF	OFF	.063
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	.065	.063	.063	.063	.063	.123
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	.066	.064	.064	.063	.062	.130
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	OFF	OFF	.100	.139
27	.062	.062	.062	.062	OFF	OFF	.062
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29							
30							
31							

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 / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No ²			
Notes:	PRINTED NAME: BRIAN KELLY		
	SIGNATURE: <i>Brian Kelly</i>	DATE: 3-1-23	
	PHONE #: (541) 580-2581	CERT #: D-8441 T-8301	

¹Including 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. ²IFE = 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:

FEB 23

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 / OFF	-	-	-	-	-	-	-	-
2 / 8:51 A	1.51	60	90	6.1	7.8	39	YES	778
3 / 8:55 A	1.23	60	73	4.8	7.7	52	YES	778
4 / OFF	-	-	-	-	-	-	-	-
5 / 6:27 A	1.81	60	108	5.6	7.8	40	YES	773
6 / OFF	-	-	-	-	-	-	-	-
7 / 12:09 P	1.54	60	92	8.0	7.8	39	YES	774
8 / 9:58 A	1.63	60	97	8.0	7.9	39	YES	774
9 / 10:52 A	1.23	60	73	8.1	7.6	37	YES	774
10 / 3:41 P	1.75	60	105	8.4	7.7	40	YES	781
11 / 2:00 P	.98	60	58	8.6	8.0	36	YES	781
12 / OFF	-	-	-	-	-	-	-	-
13 / 11:42 A	2.23	60	133	8.8	7.8	41	YES	774
14 / OFF	-	-	-	-	-	-	-	-
15 / 1:06 P	1.64	60	98	8.6	8.0	39	YES	773
16 / 4:00 A	1.06	60	63	7.4	7.9	36	YES	773
17 / OFF	-	-	-	-	-	-	-	-
18 / 6:45 A	1.02	60	61	8.8	7.8	36	YES	772
19 / 1:00 A	.92	60	55	6.8	8.1	43	YES	772
20 / OFF	-	-	-	-	-	-	-	-
21 / 3:14 A	.90	60	54	7.5	7.9	36	YES	769
22 / OFF	-	-	-	-	-	-	-	-
23 / OFF	-	-	-	-	-	-	-	-
24 / 3:24 A	1.25	60	75	8.1	7.9	37	YES	770
25 / OFF	-	-	-	-	-	-	-	-
26 / 9:25 P	.88	60	52	7.4	7.9	35	YES	771
27 / 12:20 P	1.23	60	73	6.7	7.6	37	YES	771
28 / OFF	-	-	-	-	-	-	-	-
29 /								
30 /								
31 /								

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