

**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: JUL 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	.048	.028	.029	.048
2	.027	OFF	OFF	OFF	OFF	.026	.039
3	.030	.044	.041	.039	.040	.044	.044
4	OFF	OFF	OFF	OFF	.063	.053	.076
5	.054	.047	.044	OFF	OFF	OFF	.052
6	OFF	.046	.044	.042	.043	.049	.049
7	.053	OFF	OFF	OFF	OFF	.060	.074
8	.057	.051	.046	.042	.043	OFF	.057
9	OFF	OFF	OFF	.055	.044	.049	.069
10	.053	.049	OFF	OFF	OFF	.031	.057
11	.055	.029	.025	.024	.025	OFF	.056
12	OFF	OFF	OFF	.060	.049	.053	.080
13	.059	.054	.050	.047	OFF	OFF	.059
14	OFF	OFF	.055	.049	.051	.057	.067
15	.063	.056	.050	OFF	OFF	OFF	.063
16	.053	.055	.050	.047	.050	.061	.061
17	OFF	OFF	OFF	OFF	.079	.063	.092
18	.066	.055	.050	.047	OFF	OFF	.066
19	OFF	OFF	OFF	.054	.052	.063	.092
20	.070	.060	.052	.049	OFF	OFF	.070
21	OFF	OFF	.069	.055	.058	.070	.078
22	.078	.065	.064	OFF	OFF	OFF	.078
23	OFF	OFF	OFF	.040	.036	.072	.092
24	.046	.037	.031	.028	.031	.038	.061
25	.042	OFF	OFF	OFF	.065	.071	.124
26	.051	.054	.040	OFF	OFF	OFF	.069
27	OFF	.037	.033	.031	.036	.048	.057
28	.049	.041	OFF	OFF	.075	.049	.075
29	.079	.070	.055	OFF	OFF	OFF	.079
30	OFF	.074	.066	.061	.069	.080	.080
31	.085	.073	OFF	OFF	OFF	.102	.109

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: 8-1-23
		PHONE #: (541) 580-2581	CERT #: D-8441 T-8301

¹ 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 Eff. (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: JUL 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]
1/12:45 ^P _m	.80	60	48	26.1	7.9	9	YES	874
2/17:39 ^P _A	1.41	60	84	26.3	7.5	8	YES	880
3/19:52 ^A _A	1.20	60	72	24.3	7.4	12	YES	880
4/13:41 ^P _m	.86	60	51	25.2	7.6	9	YES	879
5/11:00 ^A _A	1.24	60	74	24.5	7.4	12	YES	879
6/2:01 ^A _A	1.13	60	67	24.2	7.4	12	YES	874
7/8:07 ^P _A	.94	60	56	25.3	7.5	8	Yes	878
8/7:00 ^A _M	1.16	60	69	24.5	7.5	12	Yes	878
9/11:37 ^A _M	1.26	60	72	24.1	7.5	12	YES	886
10/6:41 ^P _M	1.21	60	72	24.4	7.5	12	YES	881
11/17:32 ^A _M	1.22	60	73	24.0	7.5	12	YES	881
12/12:23 ^P _M	1.32	60	79	24.0	7.5	12	YES	877
13/12:30 ^P _M	1.28	60	76	24.5	7.4	12	YES	877
14/7:19 ^A _M	1.30	60	78	24.2	7.4	12	YES	876
15/11:49 ^P _M	1.26	60	75	25.5	7.4	8	YES	876
16/11:45 ^A _M	1.30	60	78	25.8	7.4	8	YES	876
17/4:01 ^P _M	.88	60	52	26.4	7.7	9	YES	878
18/12:00 ^P _M	1.31	60	78	24.7	7.3	12	Yes	878
19/10:18 ^A _M	1.29	60	77	24.7	7.4	12	Yes	868
20/1:00 ^A _M	.92	60	55	17.8	7.5	15	YES	868
21/8:45 ^A _M	1.26	60	75	24.7	7.4	12	YES	874
22/1:00 ^P _M	.80	60	48	26.2	7.8	9	YES	874
23/11:20 ^A _M	.34	60	20	25.1	7.3	7	YES	873
24/8:00 ^A _M	1.08	60	64	25.4	7.6	9	Yes	873
25/3:45 ^P _M	.72	60	43	25.8	7.8	9	Yes	868
26/7:00 ^A _M	.90	60	54	25.6	7.7	9	Yes	868
27/3:49 ^P _M	1.05	60	63	24.9	7.5	11	Yes	880
28/5:15 ^P _M	.72	60	43	25.1	7.7	9	Yes	877
29/10:45 ^A _M	1.14	60	68	24.0	7.5	12	yes	877
30/4:50 ^P _M	1.08	60	64	23.7	7.4	11	YES	866
31/9:40 ^P _M	1.05	60	63	24.3	7.6	14	YES	888

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