

**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:** **SEP 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	.037	.029	.036	.035	.065
2	OFF	OFF	OFF	OFF	OFF	OFF	.055
3	.034	.030	.029	.029	OFF	OFF	.034
4	OFF	OFF	OFF	.036	.032	.030	.046
5	.032	OFF	OFF	OFF	OFF	OFF	.048
6	.034	.032	.030	.023	OFF	OFF	.034
7	OFF	OFF	OFF	.025	.025	.024	.033
8	.034	OFF	OFF	OFF	OFF	OFF	.034
9	.034	.033	.022	.025	OFF	OFF	OFF
10	OFF	OFF	OFF	.025	.025	.026	.038
11	.026	OFF	OFF	OFF	OFF	OFF	.041
12	.027	.022	.020	.021	OFF	OFF	.027
13	OFF	OFF	OFF	.027	.026	.027	.041
14	.027	OFF	OFF	OFF	OFF	.029	.040
15	.026	.025	.024	.024	OFF	OFF	.026
16	OFF	OFF	OFF	.025	.023	.022	.035
17	.022	.022	OFF	OFF	OFF	.035	.050
18	.024	.022	.023	.026	OFF	OFF	.026
19	OFF	OFF	.043	.035	.035	.035	.059
20	.036	OFF	OFF	OFF	OFF	OFF	.070
21	.038	.035	.034	.033	OFF	OFF	.038
22	OFF	OFF	.045	.033	.031	.031	.041
23	.032	OFF	OFF	OFF	OFF	OFF	.032
24	.034	.031	.029	.033	OFF	OFF	.034
25	OFF	OFF	OFF	OFF	.036	.041	.046
26	.044	.043	OFF	OFF	OFF	OFF	.044
27	OFF	OFF	.043	.034	.034	.033	.062
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	.048	.035	.034	.032	.049
30	.032	OFF	OFF	OFF	OFF	OFF	.033
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: 10-2-23	
	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 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:

SEP 28

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]
1/7:55 A	1.14	60	65	21.7	7.3	12	Yes	905
2/10:59 P	1.19	60	70	21.3	7.3	12	Yes	910
3/7:30 A	1.29	60	77	21.5	7.3	12	Yes	910
4/11:05 P	1.32	60	79	21.3	7.3	12	YES	912
5/10:26 P	1.26	60	75	20.9	7.4	12	YES	907
6/10:21 A	1.30	60	78	20.2	7.3	12	YES	907
7/9:55 A	1.44	60	86	20.0	7.3	12	YES	905
8/10:37 P	1.05	60	63	21.0	7.5	11	YES	907
9/11:00 A	1.19	60	71	20.8	7.5	12	YES	907
10/10:27 A	1.11	60	66	20.6	7.4	12	YES	905
11/11:07 P	1.02	60	61	21.5	7.5	11	YES	904
12/8:35 A	1.17	60	70	21.1	7.5	12	YES	904
13/9:52 A	1.09	60	65	21.1	7.4	11	YES	911
14/7:55 A	1.05	60	63	22.1	7.5	11	YES	905
15/7:50 A	1.17	60	70	21.7	7.5	12	YES	905
16/10:50 A	1.15	60	69	21.4	7.4	12	YES	906
17/9:16 P	1.04	60	62	21.9	7.5	11	YES	907
18/12:00 P	1.21	60	72	21.4	7.5	12	YES	907
19/7:43 A	1.10	60	66	21.0	7.4	12	YES	906
20/10:49 P	1.01	60	60	20.2	7.5	11	YES	908
21/7:58 A	1.10	60	66	18.7	7.5	15	YES	908
22/9:30 P	1.14	60	68	18.1	7.4	15	YES	910
23/11:22 P	.96	60	57	18.4	7.5	15	YES	910
24/11:05 P	1.19	60	71	17.1	7.4	15	YES	910
25/3:03 P	1.06	60	63	17.3	7.4	15	YES	903
26/4:00 A	1.11	60	66	16.1	7.4	15	YES	903
27/7:48 P	1.08	60	64	16.4	7.4	15	YES	910
28 / OFF	-	-	-	-	-	-	-	-
29/8:22 A	1.17	60	70	16.9	7.4	15	YES	809
30/2:00 A	1.21	60	72	16.8	7.4	15	Yes	809
31 /								

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