

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 24**

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	0
2	OFF	OFF	OFF	.038	.037	.037	.043
3	.037	OFF	OFF	OFF	OFF	OFF	.037
4	OFF	OFF	OFF	.038	.038	.037	.043
5	.037	.037	OFF	OFF	OFF	OFF	.037
6	OFF	OFF	OFF	OFF	OFF	.038	.043
7	.037	.037	.037	OFF	OFF	OFF	.037
8	OFF	OFF	OFF	OFF	OFF	.037	.078
9	.037	.037	.037	.037	OFF	OFF	.037
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	.038	.037	.037	.037	.047
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	.038	.037	.037	.078
14	.037	.037	OFF	OFF	OFF	OFF	.038
15	OFF	OFF	OFF	OFF	.038	.038	.042
16	.037	.037	OFF	OFF	OFF	OFF	.038
17	OFF	OFF	OFF	OFF	.038	.037	.131
18	.037	.037	.037	OFF	OFF	OFF	.037
19	OFF	OFF	OFF	OFF	OFF	.039	.044
20	.038	.037	.037	OFF	OFF	OFF	.038
21	OFF	OFF	OFF	OFF	OFF	.038	.044
22	.037	.037	.037	.037	OFF	OFF	.037
23	OFF	OFF	OFF	OFF	OFF	OFF	.045
24	.039	.038	.037	.037	.037	OFF	.039
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	.040	.037	.037	.044
27	.036	OFF	OFF	OFF	OFF	OFF	.037
28	OFF	OFF	OFF	.039	.039	.038	.041
29	.038	.037	.037	OFF	OFF	OFF	.038
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>[Signature]</i>	DATE: 3-1-24
	PHONE #: (541) 560-2581	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:

FEB 24

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 / 12:31 P	1.47	60	88	10.5	7.4	23	YES	773
3 / 1:00 A	1.25	60	75	9.6	7.4	31	Yes	773
4 / 12:37 A	1.45	60	87	9.6	7.5	31	YES	775
5 / 6:29 A	1.26	60	75	7.4	7.4	31	YES	775
6 / 8:59 P	1.49	60	89	7.9	7.4	31	YES	773
7 / 4:07 A	1.23	60	73	8.4	7.4	31	YES	773
8 / 6:40 P	1.40	60	84	8.8	7.4	31	YES	771
9 / 10:59 A	1.21	60	72	8.3	7.4	31	YES	771
10 / OFF	-	-	-	-	-	-	-	-
11 / 7:14 A	1.49	60	89	8.7	7.4	31	YES	770
12 / OFF	-	-	-	-	-	-	-	-
13 / 10:21 A	1.39	60	83	9.0	7.5	31	YES	773
14 / 5:00 A	1.19	60	71	9.2	7.5	31	YES	773
15 / 5:11 P	1.43	60	85	9.3	7.5	31	YES	781
16 / 3:00 A	1.18	60	70	8.7	7.4	31	YES	781
17 / 2:12 P	1.40	60	84	9.1	7.4	31	YES	784
18 / 6:15 A	1.22	60	73	9.2	7.4	31	YES	784
19 / 8:05 P	1.45	60	87	9.4	7.4	31	YES	777
20 / 3:00 A	1.22	60	73	9.3	7.4	31	YES	777
21 / 6:31 P	1.42	60	85	9.4	7.4	31	YES	773
22 / 10:40 A	1.21	60	72	9.2	7.4	31	YES	773
23 / OFF	-	-	-	-	-	-	-	-
24 / 11:26 A	1.42	60	85	9.4	7.4	31	Yes	770
25 / OFF	-	-	-	-	-	-	-	-
26 / 11:20 A	1.44	60	86	9.7	7.5	31	YES	784
27 / 1:00 A	1.15	60	69	9.2	7.6	37	YES	784
28 / 12:43 P	1.37	60	82	9.4	7.6	38	YES	768
29 / 8:29 A	1.16	60	69.6	8.4	7.6	37	YES	768
30 /								
31 /								

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