

**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:

**AUG 24**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	.046	.036	.035	.034	OFF	OFF	.046
2	OFF	OFF	.042	.036	.035	.036	.076
3	.036	.036	.035	.037	.047	OFF	.047
4	OFF	OFF	OFF	.036	.035	.035	.061
5	.037	.036	.036	.035	OFF	OFF	.037
6	OFF	OFF	.040	.038	.036	.037	.095
7	.037	.036	.036	.035	OFF	OFF	.037
8	OFF	OFF	.040	.035	.038	.036	.064
9	.050	.038	.036	.034	OFF	OFF	.050
10	OFF	OFF	.039	.035	.036	.037	.049
11	.037	.037	.036	OFF	OFF	OFF	.060
12	.052	.037	.035	.034	.035	.037	.052
13	OFF	OFF	OFF	OFF	.043	.038	.080
14	.038	.036	.036	OFF	OFF	OFF	.065
15	.044	.036	.035	.034	.034	.036	.044
16	OFF	OFF	OFF	OFF	.051	.038	.063
17	.037	.036	.036	OFF	OFF	OFF	.037
18	OFF	OFF	.052	.034	.034	.034	.060
19	.045	OFF	OFF	OFF	OFF	.047	.073
20	.041	.037	.035	.035	.036	OFF	.041
21	OFF	OFF	OFF	.036	.032	.033	.068
22	.034	.034	OFF	OFF	OFF	OFF	.077
23	.046	.037	.035	.034	.035	OFF	.046
24	OFF	OFF	OFF	OFF	.045	.034	.058
25	.033	.033	.032	OFF	OFF	OFF	.033
26	OFF	.043	.035	.032	.032	.032	.068
27	.035	OFF	OFF	OFF	OFF	OFF	.064
28	.038	.034	.033	.032	OFF	OFF	.038
29	OFF	OFF	.047	.035	.045	.035	.073
30	.037	.036	OFF	OFF	OFF	.052	.037
31	.062	.064	.058	.062	.069	OFF	.069

<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 / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / No <sup>2</sup>			
<b>Notes:</b>	PRINTED NAME: <b>BRIAN KELLY</b>		
	SIGNATURE: <i>[Signature]</i>	DATE: <b>9-4-24</b>	
	PHONE #: ( 541 ) 50-2581	CERT #: <b>D-8441 T-8301</b>	

<sup>2</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. 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:

AUG 24

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1:06 P <sub>M</sub>	1.17	60	70	25.4	7.3	8	YES	904
2/17:03 A <sub>M</sub>	.94	60	56	25.3	7.3	8	YES	898
3/1:01	1.10	60	66	27.0	7.4	8	YES	800
4/10:22 A <sub>M</sub>	.83	60	49	25.7	7.3	7	YES	902
5/12:22 P <sub>M</sub>	1.12	60	67	25.6	7.3	8	YES	902
6/16:06 A <sub>M</sub>	.89	60	53	25.2	7.3	7	YES	900
7/12:22 P <sub>M</sub>	1.13	60	67	24.5	7.3	12	YES	900
8/16:31 A <sub>M</sub>	.95	60	57	24.2	7.3	11	YES	905
9/12:50 P <sub>M</sub>	1.12	60	67	24.4	7.3	12	YES	905
10/16:38 A <sub>M</sub>	.93	60	56	24.2	7.3	11	YES	909
11/4:18 A <sub>M</sub>	1.04	60	62	25.2	7.4	8	YES	909
12/11:02 A <sub>M</sub>	.93	60	55	24.7	7.3	11	YES	910
13/3:01 P <sub>M</sub>	.94	60	56	24.5	7.4	11	YES	900
14/11:43 P <sub>M</sub>	1.01	60	60	23.1	7.3	11	YES	904
15/9:00 A <sub>M</sub>	1.14	60	68	23.3	7.3	12	Yes	904
16/5:04 P <sub>M</sub>	.91	60	54	24.0	7.4	11	YES	905
17/9:26 A <sub>M</sub>	1.15	60	69	23.6	7.3	12	YES	905
18/8:41 A <sub>M</sub>	1:02	60	61	22.9	7.2	11	YES	903
19/9:27 P <sub>M</sub>	.91	60	54	23.1	7.3	11	Yes	899
20/7:00 A <sub>M</sub>	1.18	60	70	22.7	7.3	12	Yes	899
21/11:03 A <sub>M</sub>	.99	60	59	22.3	7.3	11	Yes	894
22/11:19 P <sub>M</sub>	.96	60	57	22.7	7.4	11	Yes	904
23/8:00 A <sub>M</sub>	1.20	60	72	21.4	7.3	12	Yes	904
24/5:11 P <sub>M</sub>	.99	60	59	20.8	7.3	11	Yes	904
25/8:00 A <sub>M</sub>	1.23	60	73	19.5	7.3	15	Yes	904
26/5:34 A <sub>M</sub>	1.06	60	63	19.4	7.3	15	YES	900
27/10:17 P <sub>M</sub>	1.00	60	60	21.8	7.4	11	YES	909
28/8:38 A <sub>M</sub>	1.17	60	70	21.1	7.4	12	YES	909
29/9:14 A <sub>M</sub>	.99	60	59	20.5	7.3	11	YES	907
30/9:35	.99	60	59	22.2	7.4	11	YES	901
31/7:05	1.03	60	62	22.3	7.4	11	YES	901

<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.