

**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: **OCT 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	OFF	OFF	OFF	OFF	.038	.034	.041
2	.034	OFF	OFF	OFF	OFF	OFF	.060
3	OFF	.044	.034	.032	.034	.033	.044
4	.021	.029	OFF	OFF	OFF	OFF	.033
5	OFF	OFF	.041	.039	.036	.033	.051
6	.032	.031	OFF	OFF	OFF	OFF	.032
7	OFF	OFF	OFF	.033	.033	.031	.044
8	.033	.031	.031	OFF	OFF	OFF	.033
9	OFF	OFF	OFF	.040	.034	.039	.057
10	.038	.038	.039	OFF	OFF	OFF	.039
11	OFF	OFF	OFF	.045	.041	.033	.048
12	.037	.032	.031	OFF	OFF	OFF	.037
13	OFF	OFF	OFF	OFF	.048	.042	.051
14	.039	.031	.032	OFF	OFF	OFF	.039
15	OFF	OFF	OFF	OFF	.038	.034	.054
16	.036	.036	.030	.030	OFF	OFF	.036
17	OFF	OFF	OFF	OFF	OFF	.050	.051
18	.058	.054	.043	.042	.043	OFF	.060
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	.046	.036	.040	.044	.039	.085
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	.040	.037	.031	.030	.054
23	.035	OFF	OFF	OFF	OFF	OFF	.035
24	OFF	OFF	OFF	.038	.037	.034	.055
25	.035	.035	OFF	OFF	OFF	OFF	.035
26	OFF	OFF	OFF	OFF	.039	.037	.045
27	.038	.036	.036	OFF	OFF	OFF	.038
28	OFF	OFF	OFF	OFF	OFF	.036	.052
29	.035	.034	.034	.034	OFF	OFF	.035
30	OFF	OFF	OFF	OFF	OFF	.035	.039
31	.034	.032	.033	OFF	OFF	OFF	.034

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings $\leq$ 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 $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
All the 4-hour turbidity readings $\leq$ 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>Brian Kelly</i>	DATE: <b>11-1-24</b>	
	PHONE #: <b>(541) 580-2581</b>	CERT #: <b>D-8441</b> <b>T-8301</b>	

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 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:

OCT 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/3:19 P <sub>M</sub>	1.07	60	64	17.2	7.4	15	YES	828
2/1:00 P <sub>M</sub>	1.26	60	75	16.5	7.3	15	YES	828
3/5:26 A <sub>M</sub>	1.05	60	63	16.4	7.3	15	YES	819
4/1:00 A <sub>M</sub>	1.19	60	71	15.6	7.3	15	YES	819
5/9:02 A <sub>M</sub>	1.06	60	63	15.6	7.3	15	YES	816
6/1:00 A <sub>M</sub>	1.26	60	75	15.7	7.3	15	YES	816
7/10:34 A <sub>M</sub>	1.05	60	63	15.6	7.3	15	YES	819
8/9:02 A <sub>M</sub>	1.23	60	73	15.8	7.4	15	YES	819
9/12:43 P <sub>M</sub>	1.05	60	63	16.3	7.4	15	YES	817
10/8:30 A <sub>M</sub>	1.24	60	74	16.2	7.5	15	YES	817
11/11:42 P <sub>M</sub>	.99	60	59	16.4	7.4	15	YES	821
12/10:42 A <sub>M</sub>	1.22	60	73	16.0	7.4	15	YES	821
13/2:03 P <sub>M</sub>	1.02	60	61	16.4	7.4	15	YES	817
14/9:25 A <sub>M</sub>	1.24	60	74	16.3	7.5	15	YES	817
15/3:05 P <sub>M</sub>	1.00	60	60	16.7	7.4	15	YES	816
16/8:27 A <sub>M</sub>	1.21	60	72	16.2	7.5	15	YES	816
17/9:48 P <sub>M</sub>	1.03	60	61	16.0	7.4	15	Yes	814
18/8:00 A <sub>M</sub>	1.08	60	64	14.6	7.5	22	Yes	814
19/OFF	-	-	-	-	-	-	-	-
20/2:55 A <sub>M</sub>	.77	60	46	14.5	7.5	22	Yes	813
21/OFF	-	-	-	-	-	-	-	-
22/6:43 A <sub>M</sub>	.99	60	59	14.2	7.5	22	YES	816
23/12:22 A <sub>M</sub>	1.24	60	74	13.5	7.5	23	YES	816
24/11:00 A <sub>M</sub>	1.12	60	67	14.0	7.5	23	YES	811
25/5:19 A <sub>M</sub>	1.22	60	73	12.2	7.6	28	YES	811
26/2:36 A <sub>M</sub>	1.02	60	61	13.0	7.6	27	YES	805
27/1:00 A <sub>M</sub>	1.33	60	79	13.1	7.6	28	YES	805
28/5:56 P <sub>M</sub>	1.14	60	68	13.6	7.2	23	YES	810
29/8:18 A <sub>M</sub>	1.27	60	76	12.8	7.2	23	YES	810
30/7:38 P <sub>M</sub>	1.10	60	66	13.0	7.2	23	YES	806
31/11:50 A <sub>M</sub>	1.33	60	79	11.1	7.2	23	YES	806

<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.