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: NOV 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	.046	.034	.062
2	.030	.031	OFF	OFF	OFF	OFF	.031
3	OFF	OFF	OFF	OFF	.035	.030	.036
4	.034	.032	.032	OFF	OFF	OFF	.034
5	OFF	OFF	OFF	OFF	.037	.033	.045
6	.031	.030	OFF	OFF	OFF	OFF	.031
7	OFF	OFF	OFF	CFF	.036	.032	.038
8	.031	.031	.031	OFF	OFF	OFF	.033
9	OFF	OFF	OFF	OFF	OFF	.032	.039
10	.033	.033	.033	.034	.034	OFF	.034
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	.034	.033	.033	.033	.032	.040
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	OFF	.055	.036	.058
15	.036	.036	.036	OFF	OFF	OFF	.036
16	OFF	OFF	OFF	OFF	OFF	.038	.040
17	.036	.034	.035	.038	OFF	OFF	.038
18	OFF	OFF	OFF	OFF	OFF	OFF	.043
19	.042	.035	.035	.035	.035	OFF	.042
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	.038	.039	.037	.036	.041
22	.036	.036	OFF	OFF	OFF	OFF	.036
23	OFF	OFF	OFF	OFF	OFF	.034	.040
24	.033	.033	.033	.033	OFF	OFF	.033
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	.034	.033	.033	.032	.032	.042
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	.037	.034	.033	.033	.041
29	.032	OFF	OFF	OFF	OFF	OFF	.033
30	OFF	OFF	OFF	.037	.036	.036	.040
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No All the 4-hour turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < IFE[2] triggers? Yes / No[2]	CT's met everyday? (see back) Yes / No	All Cl_2 residuals at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: BRIAN KELLY

SIGNATURE: [signature] DATE: 12-2-24

PHONE #: (541) 580-2581 CERT #: O-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 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: NOV 24 Required Log Inactivation: .5

Date / Time	Minimum Cl_2 Residual at 1st 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 / 4:52 PM	1.13	60	67	11.7	7.2	23	YES	821
2 / 1:30 AM	1.31	60	78	11.2	7.1	23	YES	821
3 / 5:11 PM	1.12	60	67	11.7	7.1	23	YES	817
4 / 10:54 AM	1.21	60	72	10.5	7.2	23	YES	817
5 / 4:45 PM	1.12	60	67	11.0	7.1	23	YES	789
6 / 4:00 AM	1.19	60	71	10.7	7.2	23	YES	789
7 / 4:29 PM	.67	60	40	12.9	7.3	22	Yes	787
8 / 7:08 AM	1.34	60	80	10.1	7.3	23	Yes	787
9 / 9:25 PM	1.11	60	66	10.5	7.3	23	Yes	799
10 / 7:00 AM	1.29	60	77	10.1	7.4	23	Yes	799
11 / OFF	–	–	–	–	–	–	–	–
12 / 2:54 AM	1.12	60	67	10.9	7.3	23	YES	793
13 / OFF	–	–	–	–	–	–	–	–
14 / 2:08 PM	1.13	60	67	10.8	7.4	23	YES	766
15 / 9:06 AM	1.12	60	67	9.7	7.2	31	YES	766
16 / 7:21 PM	1.10	60	66	10.2	7.2	23	YES	765
17 / 12:18 AM	1.29	60	77	9.4	7.3	31	YES	765
18 / 11:42 PM	1.21	60	72	9.6	7.3	31	YES	762
19 / 8:06 AM	1.30	60	78	8.4	7.3	31	YES	762
20 / OFF	–	–	–	–	–	–	–	–
21 / 8:55 AM	1.26	60	75	9.0	7.3	31	YES	765
22 / 3:50 AM	1.24	60	74	9.4	7.2	31	YES	765
23 / 6:24 PM	1.32	60	79	10.0	7.2	23	YES	777
24 / 8:54 AM	1.31	60	78	9.2	7.2	31	YES	777
25 / OFF	–	–	–	–	–	–	–	–
26 / 12:59 AM	.80	60	48	10.6	7.3	22	Yes	776
27 / OFF	–	–	–	–	–	–	–	–
28 / 7:39 AM	1.12	60	67	9.5	7.3	31	Yes	765
29 / 1:00 AM	1.22	60	73	8.2	7.4	31	Yes	765
30 / 12:43 AM	1.26	60	75	8.6	7.4	31	Yes	769
31 /								

[3] If Cl_2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf