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:** DEC 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	.036	.036	OFF	OFF	OFF	OFF	.037
2	OFF	OFF	OFF	OFF	.037	.036	.042
3	.036	.036	.036	OFF	OFF	OFF	.036
4	OFF	OFF	OFF	OFF	OFF	OFF	.037
5	.031	.034	.035	.034	.034	OFF	.035
6	OFF	OFF	OFF	OFF	.039	.038	.047
7	.039	OFF	OFF	OFF	OFF	OFF	.039
8	OFF	OFF	OFF	OFF	.040	.038	.044
9	.038	.038	.038	OFF	OFF	OFF	.038
10	OFF	OFF	OFF	OFF	OFF	OFF	.044
11	.041	.039	.039	.039	.039	OFF	.041
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	.041	.040	.040	.039	.047
14	.039	.039	OFF	OFF	OFF	OFF	.039
15	OFF	OFF	OFF	OFF	.045	.040	.050
16	.039	.039	.039	OFF	OFF	OFF	.039
17	OFF	OFF	OFF	OFF	OFF	.041	.044
18	.038	.038	.037	OFF	OFF	OFF	.038
19	OFF	OFF	OFF	OFF	OFF	OFF	.044
20	.039	.039	.039	.039	OFF	OFF	.039
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	.038	.036	.036	.037	OFF	.043
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	.060	.040	.039	.039	.063
25	.039	OFF	OFF	OFF	OFF	OFF	.039
26	OFF	OFF	OFF	.038	.037	.036	.039
27	.038	.038	OFF	OFF	OFF	OFF	.038
28	OFF	OFF	OFF	OFF	OFF	.040	.040
29	.037	.037	OFF	OFF	OFF	OFF	.037
30	OFF	OFF	OFF	.029	.028	.028	.031
31	.028	.035	.036	OFF	OFF	OFF	.036

Conventional or Direct Filtration

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]

Monthly Summary (Answer Yes or No)

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: 1-6-25

PHONE #: (541) 580-2581 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 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: DEC 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 / 4:00 AM	1.22	60	73	6.8	7.4	31	Yes	769
2 / 4:51 PM	1.31	60	78	7.2	7.4	31	YES	773
3 / 8:30 AM	1.22	60	73	5.7	7.4	31	YES	773
4 / 10:20 PM	1.09	60	63	6.6	7.4	30	YES	765
5 / 8:30 AM	1.27	60	76	5.7	7.4	31	YES	765
6 / 2:53 PM	1.00	60	66	6.4	7.4	30	YES	757
7 / 12:10 AM	1.21	60	72	6.4	7.5	31	YES	757
8 / 4:04 PM	1.32	60	79	7.3	7.5	31	YES	760
9 / 8:40 AM	1.12	60	67	6.9	7.5	31	YES	760
10 / OFF	-	-	-	-	-	-	-	-
11 / 12:07 AM	1.43	60	85	7.4	7.5	31	YES	765
12 / OFF	-	-	-	-	-	-	-	-
13 / 8:53 AM	1.72	60	103	6.5	7.5	33	YES	768
14 / 4:55 AM	1.27	60	76	6.4	7.5	31	YES	768
15 / 4:02 PM	1.49	60	89	7.1	7.5	31	YES	773
16 / 8:34 AM	1.35	60	81	7.6	7.4	31	YES	773
17 / 8:14 PM	1.28	60	76	7.9	7.4	31	YES	780
18 / 8:27 AM	1.39	60	83	8.5	7.3	31	YES	780
19 / 10:23 PM	1.22	60	73	9.1	7.3	31	Yes	766
20 / 8:00 AM	1.33	60	79	8.6	7.4	31	Yes	766
21 / OFF	-	-	-	-	-	-	-	-
22 / 1:57 AM	1.20	60	72	8.8	7.4	31	Yes	764
23 / OFF	-	-	-	-	-	-	-	-
24 / 7:27 AM	1.10	60	66	9.3	7.3	31	YES	764
25 / 12:15 AM	1.28	60	76	9.4	7.1	31	Yes	764
26 / 1:39 PM	1.10	60	66	9.6	7.1	31	YES	766
27 / 1:00 AM	1.19	60	71	9.2	7.2	31	YES	766
28 / 6:24 PM	1.10	60	66	9.4	7.2	31	YES	772
29 / 1:00 AM	1.07	60	64	9.4	7.2	30	YES	772
30 / 12:50	1.22	60	73	9.5	7.2	31	YES	769
31 / 1:00 AM	1.12	60	67	8.8	7.2	31	YES	769

[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