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: JAN 25

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	.033	.040
2	.039	.038	.038	.037	OFF	OFF	.042
3	OFF	OFF	OFF	[illegible]	[illegible]	[illegible]	OFF
4	.037	.036	.035	.035	.035	OFF	.038
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	.039	.036	.036	.036	.036	.043
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	.038	.036	.035	.039
9	.034	.032	OFF	OFF	OFF	OFF	.034
10	OFF	OFF	OFF	OFF	OFF	.043	.046
11	.040	.040	.040	OFF	OFF	OFF	.040
12	OFF	OFF	OFF	OFF	OFF	.042	.047
13	.040	.040	.039	.040	OFF	OFF	.040
14	OFF	OFF	OFF	OFF	OFF	.042	.047
15	.041	.040	.040	.040	OFF	OFF	.041
16	OFF	OFF	OFF	.042	.041	.040	.050
17	.040	OFF	OFF	OFF	OFF	OFF	.040
18	OFF	OFF	OFF	.043	.041	.040	.047
19	.040	OFF	OFF	OFF	OFF	OFF	.040
20	OFF	OFF	OFF	.041	.042	.040	.053
21	.040	.041	OFF	OFF	OFF	OFF	.041
22	OFF	OFF	OFF	OFF	.036	.034	.039
23	.039	OFF	OFF	OFF	OFF	OFF	.046
24	OFF	OFF	.040	.038	.038	.038	.040
25	.037	OFF	OFF	OFF	OFF	OFF	.037
26	OFF	OFF	OFF	OFF	.033	.033	.054
27	.038	OFF	OFF	OFF	OFF	OFF	.038
28	OFF	OFF	.040	.033	.035	.036	.053
29	.043	OFF	OFF	OFF	OFF	OFF	.064
30	OFF	OFF	OFF	.033	.032	.025	.039
31	.029	OFF	OFF	OFF	OFF	OFF	.029

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: 2-3-25

PHONE #: (541) 580-2581 CERT #: D-6441 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: JAN 25

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 / 8:53 PM	1.19	60	71	8.9	7.2	31	YES	769
2 / 1:01 AM	1.35	60	81	8.3	7.2	31	YES	769
3 / OFF	–	–	–	–	–	–	–	–
4 / 12:22 PM	1.18	60	70	8.6	7.2	31	YES	764
5 / OFF	–	–	–	–	–	–	–	–
6 / 3:38 AM	1.29	60	77	8.9	7.2	31	YES	767
7 / OFF	–	–	–	–	–	–	–	–
8 / 12:11 AM	1.22	60	73	9.5	7.3	31	YES	771
9 / 3:52 AM	1.35	60	81	8.0	7.3	31	YES	771
10 / 6:36 PM	1.24	60	74	8.3	7.3	31	Yes	775
11 / 8:00 AM	1.33	60	79	7.7	7.3	31	Yes	775
12 / 8:40 PM	1.01	60	60	8.1	7.3	30	YES	767
13 / 8:45 AM	1.04	60	62	7.3	7.3	30	YES	767
14 / 9:40 PM	1.21	60	72	7.6	7.4	31	YES	771
15 / 1:07 AM	1.31	60	78	7.1	7.4	31	YES	771
16 / 1:09 PM	.93	60	55	6.7	7.4	30	YES	770
17 / 12:05 AM	1.26	60	75	6.5	7.4	31	YES	770
18 / 1:42 PM	1.24	60	74	7.2	7.4	31	YES	764
19 / 2:15 AM	1.29	60	77	6.7	7.4	31	YES	764
20 / 11:21 AM	1.34	60	80	7.0	7.4	31	YES	764
21 / 1:36 AM	1.32	60	79	5.6	7.4	31	YES	764
22 / 3:31 PM	1.30	60	78	5.8	7.4	31	YES	771
23 / 2:45 AM	1.19	60	71	4.4	7.4	43	YES	771
24 / 8:51 AM	1.21	60	72	5.0	7.9	31	YES	763
25 / 1:01 AM	1.00	60	60	4.7	7.5	42	YES	763
26 / 3:09 PM	1.02	60	61	5.3	7.5	42	YES	762
27 / 3:25 AM	1.00	60	60	4.0	7.5	42	YES	762
28 / 6:04 AM	1.00	60	60	4.4	7.4	42	YES	764
29 / 1:60 AM	1.03	60	61	3.4	7.5	42	YES	764
30 / 11:49 AM	1.03	60	61	4.1	7.4	42	YES	770
31 / 12:30 AM	.94	60	56	3.5	7.5	42	YES	770

[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