

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:

FEB 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	.032	.033	.029	.031	.038
2	.031	.031	OFF	OFF	OFF	OFF	.031
3	OFF	OFF	OFF	OFF	.029	.029	.055
4	.032	.028	.029	OFF	OFF	OFF	.032
5	OFF	OFF	OFF	OFF	OFF	OFF	.043
6	.032	.031	.029	.027	OFF	OFF	.032
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	.033	.031	.031	.032	.053
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	.034	.031	.033	.032	.040
11	.034	OFF	OFF	OFF	OFF	OFF	.034
12	OFF	OFF	OFF	OFF	.034	.034	.039
13	.031	OFF	OFF	OFF	.033	.032	.042
14	.033	.034	OFF	OFF	OFF	OFF	.034
15	OFF	OFF	OFF	OFF	OFF	OFF	.040
16	.040	.030	.030	.030	.029	OFF	.042
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	.036	.029	.031	.039
19	.032	.031	OFF	OFF	OFF	OFF	.032
20	OFF	OFF	OFF	OFF	OFF	.040	.041
21	.033	.033	.032	OFF	OFF	OFF	.033
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	.034	.033	.032	.032	.033	OFF	.035
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	.034	.030	.060
26	.031	.026	OFF	OFF	OFF	OFF	.031
27	OFF	OFF	OFF	OFF	.028	.024	.033
28	.027	.027	OFF	OFF	OFF	OFF	.027
29							
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? ☒ Yes / No	CT's met everyday? (see back) ☒ Yes / No	All Cl ₂ residuals at entry point $\geq$ 0.2 mg/l? ☒ Yes / No	
All the 4-hour turbidity readings $\leq$ 1 NTU? ☒ Yes / No			
All turbidity readings < IFE ² triggers? ☒ Yes / No ²			
Notes:		PRINTED NAME: BRIAN KELLY	
		SIGNATURE: <i>[Signature]</i>	DATE: 3-3-25
		PHONE #: (541) 580-2561	CERT #: D-8441 T-8301

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 = Indiv. Filter Efl. (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:

FEB 25

Required Log Inactivation: **5**

Date / Time	Minimum Cl ₂ Residual at 1 st 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]
1/9:12 ^{AM}	1.03	60	61	4.4	7.4	42	YES	762
2/12:05 ^{AM}	1.31	60	78	5.6	7.5	31	YES	762
3/4:49 ^{PM}	1.18	60	70	6.5	7.4	31	YES	766
4/9:25 ^{AM}	1.55	60	93	5.4	7.4	32	YES	766
5/10:13 ^{PM}	1.29	60	77	5.8	7.4	31	YES	767
6/2:15 ^{PM}	1.23	60	73	5.3	7.4	31	YES	767
7/OFF	-	-	-	-	-	-	-	-
8/6:31 ^{AM}	1.38	60	82	5.9	7.4	31	Yes	769
9/OFF	-	-	-	-	-	-	-	-
10/7:56 ^{AM}	1.23	60	73	6.3	7.4	31	YES	766
11/2:03 ^{AM}	1.26	60	75	5.8	7.5	31	YES	766
12/5:01 ^{PM}	1.18	60	70	6.1	7.5	31	YES	778
13/3:38 ^{PM}	1.30	60	78	5.3	7.5	31	YES	765
14/6:57 ^{AM}	1.38	60	82	5.6	7.5	31	YES	765
15/11:41 ^{PM}	1.30	60	78	6.2	7.5	31	YES	768
16/11:50 ^{AM}	1.36	60	81	6.5	7.4	31	YES	768
17/OFF	-	-	-	-	-	-	-	-
18/11:45 ^{AM}	1.24	60	74	7.4	7.4	31	YES	777
19/4:35 ^{AM}	1.35	60	81	7.6	7.4	31	YES	777
20/8:15 ^{PM}	1.10	60	66	8.0	7.4	31	YES	773
21/1:01 ^{AM}	1.40	60	84	7.7	7.4	31	YES	773
22/10:54 ^{PM}	1.35	60	81	7.8	7.4	31	YES	766
23/1:00 ^{AM}	1.43	60	86	7.4	7.4	31	YES	766
24/OFF	-	-	-	-	-	-	-	-
25/2:04 ^{PM}	1.67	60	100	9.1	7.4	32	YES	772
26/3:00 ^{AM}	1.43	60	85	8.5	7.3	31	YES	772
27/4:34 ^{PM}	1.47	60	88	8.8	7.3	31	YES	768
28/4:00 ^{AM}	1.24	60	74	8.7	7.4	31	YES	768
29/								
30/								
31/								

³ If Cl₂ 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