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:** MAR 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	OFF	.032
2	.030	.028	.027	OFF	OFF	OFF	.030
3	OFF	OFF	OFF	OFF	OFF	.033	.040
4	.026	.027	.026	.026	OFF	OFF	.027
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	.030	.029	.029	.029	.035
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	.029	.039
9	.030	.031	.031	OFF	OFF	OFF	.031
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	.030	.031	.030	.031	.030	.040
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	.034	.046
14	.037	.033	.035	.035	OFF	OFF	.037
15	OFF	OFF	OFF	OFF	OFF	.037	.048
16	.036	.035	OFF	OFF	OFF	OFF	.036
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	.043	.036	.035	.035	.047
19	.036	.035	OFF	OFF	OFF	OFF	.036
20	OFF	OFF	OFF	OFF	OFF	.032	.046
21	.029	.026	.026	OFF	OFF	OFF	.029
22	OFF	OFF	OFF	OFF	.028	.027	.035
23	.026	.026	.026	OFF	OFF	OFF	.027
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	.034	.026	.026	.026	.025	OFF	.039
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	.036	.035	.034	.041
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	.040	.035	.035	.035	.034	OFF	.058
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	.044	.036	.035	.064

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: 4-1-25

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: MAR 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 / 9:48 PM	1.21	60	72	8.9	7.3	31	YES	767
2 / 1:00 AM	1.23	60	73	8.8	7.4	31	YES	767
3 / 6:39 PM	1,24	60	74	9.1	7.4	31	YES	786
4 / 8:52 AM	1.23	60	73	8.9	7.4	31	YES	786
5 / OFF	–	–	–	–	–	–	–	–
6 / 6:31 AM	1.19	60	71	9.2	7.4	31	YES	783
7 / OFF	–	–	–	–	–	–	–	–
8 / 7:09 PM	1.17	60	70	9.5	7.3	31	Yes	764
9 / 8:00 AM	1.23	60	73	8.6	7.4	31	Yes	764
10 / OFF	–	–	–	–	–	–	–	–
11 / 3:12 AM	1,17	60	70	8,5	7.4	31	YES	760
12 / OFF	–	–	–	–	–	–	–	–
13 / 9:43 PM	1,38	60	82	9.2	7.5	31	YES	765
14 / 9.33 AM	1,21	60	72	8.0	7.4	31	YES	765
15 / 8:46 PM	1.15	60	69	8.1	7.4	31	YES	780
16 / 6:30 AM	1.08	60	64	8.0	7.4	30	YES	780
17 / OFF	–	–	–	–	–	–	–	–
18 / 8:23 AM	,98	60	58	8.4	7.3	30	YES	770
19 / 4:15 AM	1.02	60	61	8.2	7.2	30	YES	770
20 / 10:00 PM	.90	60	54	9.2	7.3	30	YES	784
21 / 1:00 AM	1.25	60	75	7.2	8.3	31	YES	784
22 / 5:11 PM	1.14	60	68	8.6	7.3	31	YES	771
23 / 1:00 AM	1.26	60	75	8.7	7.2	31	YES	771
24 / OFF	–	–	–	–	–	–	–	–
25 / 12:15 AM	1.26	60	75	9.5	7.3	31	YES	773
26 / OFF	–	–	–	–	–	–	–	–
27 / 10:11 AM	1.00	60	60	10.5	7.3	22	YES	782
28 / OFF	–	–	–	–	–	–	–	–
29 / 12:15 AM	1.04	60	62	10.6	7.3	22	YES	767
30 / OFF	–	–	–	–	–	–	–	–
31 / 12:38 AM	1.11	60	66	9.8	7.3	31	YES	773

[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