

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: **MAY 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	.047	.048	.042	.049
2	.043	.040	.041	OFF	OFF	OFF	.043
3	OFF	OFF	OFF	OFF	OFF	.046	.066
4	.045	.039	.039	.039	.041	OFF	.045
5	OFF	OFF	OFF	OFF	OFF	OFF	.051
6	.043	.041	.040	.032	.033	OFF	.043
7	OFF	OFF	OFF	OFF	OFF	.039	.058
8	.039	.041	.040	.039	.039	OFF	.041
9	OFF	OFF	OFF	OFF	.036	.035	.040
10	.038	.034	.033	.033	OFF	OFF	.038
11	OFF	OFF	OFF	OFF	OFF	.040	.069
12	.041	.035	.035	.036	.039	OFF	.041
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	.043	.038	.035	.040	.040	.052
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	.051	.035	.037	.036	.036	.051
17	.028	OFF	OFF	OFF	OFF	OFF	.038
18	OFF	OFF	OFF	.046	.041	.041	.051
19	.043	.042	OFF	OFF	OFF	OFF	.043
20	OFF	OFF	OFF	OFF	.044	.042	.068
21	.043	.040	.038	OFF	OFF	OFF	.043
22	OFF	OFF	.045	.037	.039	.041	.045
23	.041	.046	OFF	OFF	OFF	OFF	.042
24	OFF	OFF	OFF	.042	.044	.040	.045
25	.041	.041	.037	OFF	OFF	OFF	.042
26	OFF	OFF	OFF	OFF	.039	.038	.042
27	.041	.036	.036	.037	OFF	OFF	.041
28	OFF	OFF	OFF	.042	.041	.039	.067
29	.042	.040	.038	.038	OFF	OFF	.042
30	OFF	OFF	OFF	.044	.041	.040	.047
31	.047	.039	.036	.039	OFF	OFF	.047

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? ☒ Yes / No All the 4-hour turbidity readings $\leq$ 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 $\geq$ 0.2 mg/l? ☒ Yes / No	
Notes: 		PRINTED NAME: BRIAN KELLY	
		SIGNATURE: <i>Brian Kelly</i>	DATE: 6-2-25
		PHONE #: (541) 580-2581	CERT #: 0-8441 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 Eff. (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:

MAY 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]
1/1:17 ^P	1.13	60	67	14.3	7.6	28	YES	787
2/8:10 ^A	1.23	60	73	15.2	7.5	15	YES	787
3/9:22 ^P	1.10	60	66	14.9	7.4	23	Yes	788
4/7:30 ^A	1.21	60	72	14.1	7.4	23	Yes	788
5/10:19 ^P	1.15	60	69	14.1	7.4	23	YES	786
6/10:27 ^A	1.26	60	75	14.4	7.4	23	YES	786
7/6:42 ^P	1.18	60	70	14.9	7.3	23	YES	790
8/9:57 ^A	1.27	60	76	15.7	7.4	15	YES	790
9/4:04 ^P	1.19	60	71	16.1	7.4	15	YES	788
10/7:39 ^A	1.28	60	76	17.1	7.4	15	YES	788
11/7:29 ^P	1.18	60	70	16.6	7.3	15	YES	784
12/8:44 ^A	1.32	60	79	15.4	7.4	16	YES	784
13 / OFF	-	-	-	-	-	-	-	-
14/2:26 ^A	1.22	60	73	15.2	7.3	15	YES	788
15 / OFF	-	-	-	-	-	-	-	-
16/5:57 ^A	1.22	60	73	14.5	7.3	22	YES	790
17/2:24 ^A	1.29	60	77	15.7	7.4	15	YES	790
18/11:30 ^A	1.18	60	70	15.7	7.3	15	YES	784
19/7:00 ^A	1.33	60	79	15.6	7.3	16	YES	784
20/4:00 ^P	1.20	60	72	15.7	7.3	15	YES	792
21/8:35 ^A	1.31	60	78	15.0	7.3	16	YES	792
22/9:17 ^A	1.25	60	75	15.0	7.3	15	YES	788
23/12:26 ^A	1.29	60	77	15.8	7.4	16	YES	788
24/10:33 ^A	1.22	60	73	15.7	7.3	15	YES	788
25/12:01 ^A	1.31	60	78	17.7	7.4	16	YES	788
26/1:50 ^P	1.22	60	73	17.7	7.3	15	YES	791
27/12:22 ^A	1.31	60	78	18.3	7.4	16	YES	791
28/12:49 ^P	1.21	60	72	17.8	7.3	15	YES	788
29/9:06 ^A	1.30	60	78	19.5	7.3	16	YES	788
30/11:17 ^P	1.16	60	69	19.3	7.3	15	YES	787
31/8:00 ^A	1.29	60	77	20.7	7.3	12	Yes	787

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