

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:

JUL 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	.061	.047	OFF	.047	.048	.065
2	.052	.045	.048	.048	OFF	OFF	.052
3	OFF	OFF	.056	.035	.041	.029	.059
4	.040	.039	OFF	OFF	OFF	.058	.068
5	.050	.050	.051	.049	OFF	OFF	.051
6	OFF	OFF	.063	.048	.054	.048	.074
7	.055	.045	OFF	OFF	OFF	.039	.056
8	.036	.029	.028	.039	OFF	OFF	.052
9	OFF	.047	.034	OFF	.032	.049	.051
10	.063	.052	.058	.047	OFF	OFF	.063
11	OFF	OFF	.059	.063	.055	.058	.063
12	.067	.058	.057	.055	OFF	OFF	.067
13	OFF	OFF	.061	.052	.055	.058	.062
14	.064	.060	OFF	OFF	OFF	.073	.073
15	.046	.036	.036	.035	.037	.038	.046
16	.039	OFF	OFF	OFF	.054	.037	.054
17	.033	.036	.035	.033	.036	OFF	.037
18	OFF	OFF	OFF	.041	.035	.039	.061
19	.042	.039	OFF	OFF	OFF	.046	.052
20	.042	.039	.038	.037	.038	.039	.042
21	OFF	OFF	OFF	OFF	.056	.035	.065
22	.037	.032	.032	OFF	OFF	OFF	.037
23	OFF	OFF	.048	.034	.034	.035	.082
24	.036	.035	OFF	OFF	OFF	.044	.055
25	.036	.034	.033	.033	OFF	OFF	.036
26	OFF	OFF	.034	.033	.035	.035	.070
27	.039	OFF	OFF	OFF	OFF	.040	.064
28	.039	.035	.033	.034	OFF	OFF	.039
29	OFF	OFF	.040	.033	.033	.035	.086
30	.043	.035	OFF	OFF	OFF	.056	.066
31	.041	.039	.038	.049	OFF	OFF	

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: <i>Brian Kelly</i>	
		DATE: 8-1-25	
		PHONE #: (541) 580-2581	CERT #: T-8301 D-8441

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 = 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:

JUL 25

 Required Log
Inactivation:

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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]
1/2:44 ^P	1.04	60	62	25.1	7.2	8	YES	890
2/10:14 ^A	1.13	60	67	25.7	7.2	8	YES	890
3/8:19 ^A	.95	60	57	24.8	7.2	11	YES	893
4/9:54 ^P	.94	60	56	24.4	7.3	11	YES	902
5/2:40 ^P	1.14	60	77	22.6	7.2	12	YES	902
6/7:55 ^A	.96	60	57	22.5	7.2	11	YES	893
7/8:38 ^P	.91	60	54	24.5	7.3	11	YES	891
8/3:15 ^P	.90	60	54	24.9	7.2	11	YES	891
9/5:16 ^A	.84	60	50	24.5	7.2	11	YES	884
10/11:15 ^A	1.19	60	71	25.0	7.3	8	YES	884
11/11:16 ^A	1.02	60	61	24.4	7.2	11	YES	873
12/1:00 ^A	1.03	60	61	25.9	7.4	8	YES	873
13/5:38 ^A	.94	60	56	25.0	7.2	8	YES	873
14/1:00 ^A	.96	60	57	27.3	7.5	8	YES	873
15/1:00 ^A	1.13	60	67	26.9	7.4	8	YES	889
16/1:00 ^A	1.17	60	70	27.0	7.4	8	YES	889
17/2:02	1.17	60	70	27.2	7.4	8	YES	890
18/10:15 ^A	.98	60	58	26.1	7.2	8	YES	900
19/1:00 ^A	1.20	60	72	26.7	7.4	8	YES	900
20/1:05 ^A	1.21	60	72	25.9	7.2	8	YES	896
21/5:03 ^P	1.08	60	64	25.5	7.3	8	YES	900
22/3:00 ^P	1.23	60	73	24.0	7.1	12	YES	900
23/8:08 ^A	1.22	60	73	23.8	7.1	12	YES	890
24/9:11 ^P	1.07	60	64	25.6	7.3	8	YES	896
25/2:30 ^P	1.19	60	71	25.2	7.2	8	YES	896
26/6:20 ^A	1.13	60	67	24.8	7.2	12	Yes	895
27/7:03 ^P	1.05	60	63	25.6	7.4	8	YES	907
28/1:27 ^P	1.21	60	72	24.5	7.2	12	YES	907
29/7:00 ^A	1.12	60	67	24.2	7.2	12	Yes	903
30/8:15 ^P	1.03	60	61	25.6	7.3	8	YES	900
31/9:52 ^A	1.16	60	69	25.4	7.3	8	YES	900

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/HealthvEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf