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:** NOV 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	OFF
2	OFF	OFF	OFF	.036	.035	OFF	.041
3	OFF	OFF	OFF	.034	.033	OFF	.038
4	.034	.034	.075	OFF	.034	.035	.088
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	.036	OFF	OFF	.040
7	OFF	OFF	.036	.035	.034	.106	.114
8	OFF	.034	OFF	OFF	.035	.064	.110
9	.034	OFF	OFF	OFF	OFF	OFF	.034
10	OFF	OFF	.037	.037	.034	.093	.115
11	OFF	OFF	OFF	OFF	OFF	.036	.038
12	OFF	OFF	OFF	.034	OFF	.036	.145
13	.147	OFF	OFF	.035	.035	.067	.153
14	OFF	OFF	OFF	.035	OFF	OFF	.079
15	.036	OFF	OFF	OFF	OFF	OFF	.071
16	OFF	OFF	.045	.036	OFF	.037	.050
17	OFF	OFF	OFF	.038	OFF	OFF	.043
18	OFF	OFF	OFF	.037	.037	.041	.108
19	.065	OFF	OFF	OFF	OFF	OFF	.065
20	OFF	OFF	OFF	OFF	.037	.036	.052
21	.036	.036	OFF	OFF	OFF	OFF	.036
22	OFF	OFF	OFF	OFF	OFF	.037	.045
23	.036	.036	.036	OFF	OFF	OFF	.036
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	.038	.036	.037	.036	.036	.055
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	.037	.035	.039
28	.034	.035	OFF	OFF	OFF	OFF	.035
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	.039	.033	.030	.043	.048	OFF	.069
31							

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: 12-1-25

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: NOV 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 / OFF	-	-	-	-	-	-	-	-
2 / 9:46 AM	.90	60	54	13.2	7.4	22	YES	791
3 / 10:01 AM	1.10	60	66	13.2	7.4	23	YES	791
4 / 2:52 PM	1.14	60	62	13.0	7.4	23	YES	782
5 / OFF	-	-	-	-	-	-	-	-
6 / 10:23 AM	1.17	60	70	13.2	7.4	23	YES	801
7 / 8:56 AM	1.03	60	61	12.7	7.3	22	YES	801
8 / 2:52 AM	1.09	60	65	12.5	7.3	22	YES	804
9 / 12:01 AM	1.13	60	67	12.0	7.3	23	YES	796
10 / 9:31 AM	1.02	60	61	12.3	7.3	22	YES	801
11 / 7:39 PM	1.02	60	61	12.2	7.4	22	YES	800
12 / 10:44 AM	1.11	60	66	12.3	7.4	23	YES	802
13 / 10:42 AM	1.01	60	60	12.6	7.4	22	YES	811
14 / 10:24 AM	1.09	60	65	12.8	7.4	22	YES	791
15 / 12:09 AM	1.10	60	66	12.7	7.4	23	Yes	791
16 / 9:02 AM	1.19	60	71	13.0	7.4	23	YES	799
17 / 10:37 AM	1.21	60	72	12.2	7.4	23	YES	792
18 / 10:04 AM	1.09	60	65	12.1	7.4	22	YES	787
19 / 12:30 AM	1.15	60	69	11.4	7.5	23	YES	787
20 / 11:03 AM	1.15	60	69	11.8	7.4	23	YES	801
21 / 4:59 AM	1.22	60	73	10.5	7.5	23	YES	801
22 / 6:23 PM	1.33	60	79	10.8	7.5	23	YES	790
23 / 7:01 AM	1.17	60	70	9.3	7.5	31	YES	790
24 / OFF	-	-	-	-	-	-	-	-
25 / 3:00 AM	1.34	60	80	10.0	7.5	23	YES	796
26 / OFF	-	-	-	-	-	-	-	-
27 / 3:14 PM	1.31	60	78	10.3	7.5	23	YES	788
28 / 1:11 AM	1.23	60	73	9.7	7.5	31	YES	788
29 / OFF	-	-	-	-	-	-	-	-
30 / 12:58 AM	1.20	60	72	10.0	7.5	23	YES	786
31 /								

[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