

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**

County: **Malheur**

**Conventional or Direct Filtration**

Month/Year: **Dec 2021**

System Name: **City of Ontario** ID#: **4100587** WTP : **TP -** Old Plant

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.08	0.07	0.08	0.16	0.13	0.07	0.16
2	0.15	0.16	0.14	0.16	0.13	0.07	0.16
3	0.07	0.08	0.10	0.12	0.10	0.11	0.12
4	0.12	plant off	plant off	0.11	0.08	0.08	0.12
5	0.07	0.07	0.07	0.07	0.07	0.06	0.07
6	0.06	0.07	0.10	0.06	0.07	0.07	0.10
7	0.09	0.11	0.10	0.14	0.12	0.14	0.14
8	0.14	0.07	0.07	0.07	0.07	0.06	0.14
9	0.06	0.06	0.06	0.06	0.05	0.18	0.18
10	0.09	0.08	0.07	0.06	0.06	0.06	0.09
11	0.06	0.05	0.05	0.05	0.05	0.05	0.06
12	0.06	0.06	0.06	0.07	0.06	0.06	0.07
13	0.08	0.09	0.10	0.05	0.05	0.05	0.10
14	0.05	0.05	0.08	0.08	0.08	0.07	0.08
15	0.07	0.06	0.06	0.06	0.06	0.06	0.07
16	0.05	0.05	0.05	plant off	0.06	0.06	0.06
17	0.05	0.05	0.05	0.07	0.06	0.06	0.07
18	0.06	0.05	0.05	0.05	0.05	0.05	0.06
19	0.05	0.05	0.05	0.05	0.05	0.05	0.05
20	0.05	0.05	0.05	0.05	0.13	0.09	0.13
21	0.07	0.06	0.06	0.06	0.06	0.06	0.07
22	0.06	0.06	0.06	0.10	0.07	0.06	0.10
23	0.06	0.06	0.06	0.06	0.06	0.06	0.06
24	0.06	0.06	0.06	0.06	0.05	0.05	0.06
25	0.05	0.05	0.04	0.04	0.05	0.05	0.05
26	0.05	0.05	0.05	0.05	0.08	0.07	0.08
27	0.08	0.07	0.06	0.06	0.06	0.06	0.08
28	0.06	0.06	0.05	0.05	plant off	0.07	0.07
29	0.06	0.06	0.06	0.06	0.06	0.05	0.06
30	0.06	0.05	0.05	0.05	0.05	0.05	0.06
31	plant off	plant off	0.08	0.05	0.06	0.06	0.08

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PRINTED NAME: <b>Al Cablay/Robert Crites</b> SIGNATURE: <i>[Signature]</i> DATE: <b>1-5-2021</b> PHONE #: <b>( 541 )889-8011</b> CERT #: <b>621576</b>	
Notes:			

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

<b>System Name: City of Ontario Water System ID#: 4100587</b>	<b>Month/Year: Dec-21</b>	<b>Disinfection <i>Giardia</i> Log Inactiv: 0.5</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sub>3</sub>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1/1012	1.09	94.4	102.8	12.6	7.67	20.7	Yes	3530
2/0940	1.27	57.1	72.5	11.2	7.70	23.5	Yes	4652
3/1232	1.1	34.3	37.7	12.8	7.84	21.8	Yes	5339
4/1309	1.28	55.3	70.8	11.3	7.84	24.5	Yes	4706
5/1325	1.24	98.3	121.9	12.7	7.80	21.9	Yes	3412
6/1127	1.22	59.2	72.2	12.8	7.74	21.3	Yes	4589
7/1111	1.26	97.2	122.5	10.2	7.76	25.6	Yes	3444
8/1123	1.06	81.2	86.1	12.8	7.79	21.3	Yes	3926
9/1148	1.27	59.0	74.9	11.1	7.72	23.8	Yes	4595
10/1101	1.14	84.2	95.9	10.9	7.78	24.3	Yes	3837
11/1119	1.13	139.7	157.8	11.7	7.85	23.6	Yes	2165
12/1120	1	149.9	149.9	11.4	7.80	23.3	Yes	1857
13/1347	1.05	129.9	136.4	13.3	7.78	20.5	Yes	2460
14/1059	0.97	130.8	126.9	11.6	7.89	23.6	Yes	2431
15/1107	1.06	55.6	58.9	10.0	7.78	25.6	Yes	4698
16/1010	1.26	63.4	79.9	11.7	7.87	24.1	Yes	4463
17/1033	1.12	82.4	92.3	10.6	7.96	26.4	Yes	3889
18/1228	1.05	98.8	103.7	12.4	7.91	22.8	Yes	3396
19/1116	1.46	101.7	148.4	12.8	7.75	21.9	Yes	3310
20/1040	1.26	145.9	183.9	10.4	7.70	24.7	Yes	1977
21/1138	1.24	100.2	124.2	9.8	7.86	27.2	Yes	3354
22/1150	1.06	118.8	125.9	10.6	7.89	25.5	Yes	2795
23/1034	0.85	131.2	111.5	10.0	7.82	25.3	Yes	2420
24/0954	1.01	96.5	97.5	9.5	7.84	26.9	Yes	3464
25/0709	1.01	97.0	97.9	9.4	7.75	26.2	Yes	3451
26/0818	1	127.8	127.8	10.8	8.01	26.1	Yes	2524
27/1047	1.02	97.8	99.7	10.8	7.74	23.8	Yes	3427
28/1023	0.95	131.7	125.1	9.0	7.61	25.4	Yes	2406
29/1155	1.3	121.2	157.6	9.5	8.01	29.5	Yes	2721
30/0943	1.19	120.9	143.9	9.3	7.91	28.5	Yes	2730
31/1306	1.04	130.8	136.1	8.1	7.97	31.0	Yes	2431

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013