

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **October, 2021**

System Name:	City of Riddle			ID#: 41	00706	WTP : TP - A	
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	0.03	0.03	0.03	0.03	0.03	0.03	0.03
2	0.03	0.03	0.03	PLANT OFF	0.03	0.03	0.07
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	OFF	0.04	0.03	0.12
5	0.03	0.02	0.02	0.02	0.02	0.02	0.03
6	0.02	0.02	PLANT OFF	>	0.03	0.03	0.13
7	0.03	0.02	0.02	0.02	0.02	0.02	0.02
8	0.02	0.02	0.02	0.02	0.02	0.02	0.02
9	0.02	0.02	PLANT OFF	>	0.03	0.03	0.10
10	0.03	0.02	0.02	0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12	0.02	0.02	PLANT OFF	>	0.03	0.03	0.09
13	0.02	0.02	0.02	0.02	0.02	0.02	0.02
14	0.02	0.02	0.02	0.02	0.02	0.02	0.02
15	0.02	0.02	PLANT OFF	>	0.03	0.03	0.11
16	0.02	0.02	0.02	0.02	0.02	0.02	0.02
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	PLANT OFF	0.04	0.03	0.03	0.09
19	0.03	0.03	0.03	0.03	0.03	0.02	0.03
20	0.02	0.02	0.02	PLANT OFF	>	>	0.03
21	>	>	>	0.03	0.03	PLANT OFF	0.30
22	>	>	>	0.03	0.04	0.04	0.13
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	Plant Off	>	0.03
25	>	>	>	0.04	0.04	0.03	0.07
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	PLANT OFF	>	0.03
28	>	>	>	>	>	0.03	0.10
29	0.03	0.03	0.02	0.02	0.02	0.02	0.03
30	0.02	0.20	0.02	0.02	Plant Off	>	0.02
31	>	>	>	>	0.03	0.03	0.10

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No

Notes:	PRINTED NAME: Robert L Tilton	
	SIGNATURE:	DATE: 11-8-21
	PHONE #: (541) 874-2905	CERT #: 2604

¹ Including continuous NTU 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. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : **A**

System Name:	City of Riddle	ID#: 41	00706	Month/Year: October, 2021	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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]		formula	Yes / No	[GPM]
1/0.:25	0.86	110	94.6	18.2	7.21	11.7	Yes	240
2/17:29	0.78	110	85.8	17.4	7.12	11.8	Yes	266
3/18:55	0.83	110	91.3	16.9	7.20	12.7	Yes	207
4/00:19	0.85	110	93.5	17.0	7.28	13.0	Yes	310
5/18:08	0.86	110	94.6	16.9	7.23	12.9	Yes	214
6/19:43	0.86	110	94.6	16.3	7.23	13.4	Yes	226
7/21:02	0.86	110	94.6	16.1	7.26	13.7	Yes	210
8/00:21	0.89	110	97.9	15.5	7.23	14.2	Yes	209
9/ 19:35	0.86	110	94.6	15.2	7.26	14.6	Yes	259
10/ 20:26	0.83	110	91.3	15.1	7.21	14.3	Yes	193
11/20:39	0.83	110	91.3	14.8	7.19	14.5	Yes	193
12/20:01	0.8	110	88.0	14.1	7.27	15.6	Yes	236
13/ 19:24	0.83	110	91.3	14.3	7.25	15.4	Yes	188
14/ 19:35	0.82	110	90.2	13.9	7.27	15.9	Yes	193
15/ 00:42	0.85	110	93.5	13.8	7.33	16.4	Yes	189
16/ 20:43	0.9	110	99.0	14.1	7.23	15.6	Yes	190
17/ 20:00	0.92	110	101.2	13.8	7.22	15.9	Yes	194
18/ 06:46	0.78	110	85.8	13.7	7.32	16.3	Yes	332
19/ 15:36	0.7	110	77.0	13.0	7.88	20.8	Yes	317
20/08:03	0.98	110	107.8	13.8	7.34	16.7	Yes	201
21/ 19:25	0.82	110	90.2	13.5	7.36	16.9	Yes	321
22/ 12:40	0.85	110	93.5	14.2	7.38	16.3	Yes	299
23/ 17:55	0.82	110	90.2	13.9	7.18	15.4	Yes	265
24/ 00:01	0.86	110	94.6	13.6	7.08	15.2	Yes	249
25/11:04	0.62	110	68.2	13.3	7.08	15.1	Yes	297
26/ 00:01	0.78	110	85.8	13.4	7.11	15.4	Yes	286
27/ 00:01	0.86	110	94.6	13.4	7.01	15.0	Yes	265
28/ 18:20	0.72	110	79.2	15.4	7.08	13.2	Yes	270
29/ 23:39	0.93	110	102.3	14.0	7.10	15.0	Yes	251
30/ 00:01	0.95	110	104.5	14.2	7.23	15.6	Yes	247
31/ 14:37	0.69	110	75.9	14.0	7.14	14.8	Yes	272

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.