

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration

County: **Douglas**
Month/Year: **October 2024**

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	0.02	0.02	0.02	0.01	0.01	0.01	0.02
2	0.01	0.01	0.01	0.01	0.01	0.01	0.01
3	0.01	0.01	0.01	0.02	0.02	0.02	0.02
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.01	0.01	0.01	0.02
6	0.01	0.01	0.01	0.01	0.01	0.01	0.01
7	0.01	0.01	0.01	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	0.02	Plant Off	0.01	0.01	0.01
10	0.01	0.01	0.01	0.01	0.01	0.01	0.01
11	0.01	0.01	0.01	0.02	0.02	0.02	0.02
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02
13	0.02	0.02	0.02	0.02	0.02	0.02	0.02
14	0.02	0.02	0.02	0.01	0.01	0.01	0.01
15	0.01	0.01	0.01	0.01	0.01	0.01	0.01
16	0.01	0.01	0.01	Plant Off	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	0.02	0.01	0.01	0.01	0.02
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21	0.01	0.01	0.02	0.02	0.02	0.02	0.02
22	0.02	0.02	0.02	0.02	0.02	0.02	0.02
23	0.02	0.02	0.02	0.02	0.02	0.02	0.02
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.01	0.02
31	0.01	0.01	0.01	Plant Off	0.01	0.01	0.01

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: 11/1/24
	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-2024	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1/ 20:34	0.67	110	73.7	17.3	7.03	11.4	Yes	180
2/ 00:59	0.80	110	88.0	17.1	7.06	11.8	Yes	177
3/ 18:24	0.71	110	78.1	16.4	7.13	12.6	Yes	215
4/ 20:02	0.80	110	88.0	16.2	7.06	12.6	Yes	186
5/ 19:32	0.61	110	67.1	16.2	7.08	12.4	Yes	442
6/ 00:18	0.72	110	79.2	15.4	7.18	13.7	Yes	174
7/ 00:06	0.80	110	88.0	15.0	6.90	12.8	Yes	174
8/ 19:24	0.79	110	86.9	15.8	7.18	13.5	Yes	178
9/ 19:52	0.68	110	74.8	16.9	7.06	11.8	Yes	206
10/ 18:33	0.73	110	80.3	16.2	7.20	13.1	Yes	179
11/ 21:41	0.69	110	75.9	16.3	7.20	13.0	Yes	253
12/ 5:29	0.75	110	82.5	16.9	7.17	12.4	Yes	182
13/18:28	0.66	110	72.6	16.1	7.01	12.2	Yes	177
14/ 19:03	0.62	110	68.2	16.2	7.21	13.0	Yes	178
15/ 09:00	0.61	110	67.1	16.3	7.11	12.4	Yes	177
16/ 14:16	0.78	110	85.8	16.3	7.11	12.7	Yes	242
17/ 19:00	0.81	110	89.1	16.0	7.22	13.5	Yes	173
18/ 20:11	0.82	110	90.2	15.2	7.13	13.8	Yes	255
19/ 19:51	0.81	110	89.1	15.7	7.19	13.6	Yes	167
20/ 19:24	0.82	110	90.2	15.2	7.03	13.3	Yes	177
21/ 20:53	0.80	110	88.0	15.1	7.07	13.6	Yes	185
22/ 15:10	0.80	110	88.0	15.1	7.09	13.7	Yes	211
23/ 19:59	0.81	110	89.1	14.2	7.13	14.8	Yes	170
24/ 20:04	0.81	110	89.1	13.7	7.14	15.3	Yes	173
25/ 19:25	0.82	110	90.2	13.5	7.25	16.2	Yes	168
26/13:24	0.77	110	84.7	13.5	7.08	15.1	Yes	193
27/ 19:46	0.81	110	89.1	14.8	7.15	14.3	Yes	169
28/ 20:08	0.81	110	89.1	13.6	7.27	16.2	Yes	170
29/ 18:37	0.74	110	81.4	13.4	7.16	15.6	Yes	204
30/ 00:28	0.78	110	85.8	13.3	7.12	15.6	Yes	180
31/ 23:52	0.78	110	85.8	12.7	7.21	16.7	Yes	195

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