

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

County:	Douglas
Month/Year:	February 2026

System Name:	City of Riddle	ID#: 41	00706	WTP : TP - A
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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	0.05
3	0.03	0.03	0.03	0.03	0.02	0.02	0.03
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.04	0.02	0.02	0.04
6	0.02	0.02	0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	0.02	Plant Off	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	0.03	0.05	0.03	0.03	0.05
10	0.03	0.03	0.03	0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.08	0.09	0.05	0.09
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.05	Plant Off	Plant Off	0.19
14	Plant Off	Plant Off	Plant Off	Plant Off	Plant Off	0.08	0.09
15	0.04	0.03	0.03	0.03	0.02	0.02	0.04
16	0.03	0.03	0.03	0.03	0.02	0.02	0.03
17	0.02	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.02	0.18	0.08	0.21
19	0.06	0.05	0.05	0.05	0.10	0.06	0.16
20	0.04	0.04	0.03	0.05	0.04	0.03	0.11
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.11	Plant Off	Plant Off	Plant Off	Plant Off	Plant Off	0.23
24	Plant Off	Plant Off	Plant Off	Plant Off	0.15	0.04	0.18
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.10
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.06	0.12	0.18	0.02	0.02	0.03	0.18
29							
30							
31							

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: 3/4/26
	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: **February 2026** Disinfection *Giardia* Log Inactiv: **0.5**

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/ 1:27	0.72	110	79.2	7.4	6.89	21.3	Yes	162
2/ 22:15	0.74	110	81.4	8.6	6.88	19.7	Yes	407
3/ 23:58	0.68	110	74.8	7.7	7.13	22.7	Yes	381
4/ 00:06	0.67	110	73.7	8.1	7.09	21.7	Yes	120
5/ 00:00	0.75	110	82.5	8.2	6.87	20.2	Yes	420
6/23:43	0.77	110	84.7	8.4	7.02	21.0	Yes	390
7/ 11:28	0.79	110	86.9	9.2	6.99	19.8	Yes	172
8/ 00:49	0.87	110	95.7	8.4	6.77	19.5	Yes	144
9/ 0:56	0.48	110	52.8	8.8	6.81	18.4	Yes	221
10/ 04:24	0.47	110	51.7	8.5	6.48	16.8	Yes	204
11/ 00:03	0.98	110	107.8	8.5	6.48	17.7	Yes	414
12/ 23:48	0.79	110	86.9	8.5	6.55	17.8	Yes	214
13/08:35	0.77	110	84.7	8.5	6.70	18.7	Yes	239
14/13:16	0.39	110	42.9	9.9	6.79	16.9	Yes	168
15/ 05:09	0.45	110	49.5	9.7	6.60	16.1	Yes	226
16/23:14	0.65	110	71.5	9.1	6.54	16.8	Yes	267
17/ 00:01	0.66	110	72.6	9.3	6.36	15.6	Yes	237
18/ 17:26	0.48	110	52.8	9.0	6.74	17.8	Yes	433
19/ 16:18	0.58	110	63.8	7.6	7.05	21.9	Yes	400
20/ 00:14	0.66	110	72.6	7.8	6.91	20.8	Yes	413
21/ 20:32	0.68	110	74.8	8.5	6.78	19.0	Yes	236
22/ 23:38	0.68	110	74.8	9.4	6.64	17.1	Yes	197
23/ 03:33	0.68	110	74.8	9.4	6.64	17.1	Yes	190
24/ 13:55	0.46	110	50.6	9.4	6.51	16.0	Yes	245
25/ 00:43	0.77	110	84.7	10.7	6.60	15.7	Yes	248
26/20:35	0.79	110	86.9	10.1	6.68	16.8	Yes	268
27/ 19:27	0.74	110	81.4	10.2	6.65	16.4	Yes	261
28/ 20:35	0.82	110	90.2	10.5	6.43	15.1	Yes	276
29/		110					Yes	
30/		110					Yes	
31/		110					Yes	

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