

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: **Douglas**  
 Month/Year: **June 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 <sup>1</sup> [NTU]
1	0.02	0.02	0.02	0.02	Plant Off	0.02	0.07
2	0.02	0.02	0.02	0.02	0.02	0.02	0.02
3	0.02	0.02	0.02	0.03	0.03	0.02	0.03
4	0.02	0.02	0.02	Plant Off	0.02	0.02	0.07
5	0.02	0.02	0.02	0.02	0.02	0.02	0.02
6	0.02	0.02	0.02	Plant Off	0.02	0.02	0.07
7	0.02	0.02	0.02	0.02	0.02	0.02	0.02
8	0.02	0.02	0.02	Plant Off	0.03	0.02	0.07
9	0.02	0.02	0.02	0.02	0.02	0.02	0.09
10	0.02	0.02	0.02	0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	PLANT OFF	>	0.02	0.08
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02
13	0.02	0.02	0.02	Plant Off	>	0.02	0.09
14	0.02	0.02	0.02	0.02	0.02	0.02	0.02
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02
16	0.02	0.02	PLANT OFF	>	>	0.02	0.09
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.02	0.02	0.02	0.02	0.02
19	0.02	0.02	PLANT OFF	>	0.03	0.03	0.08
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	PLANT OFF	>	0.03	PLANT OFF	0.09
23	>	>	>	0.04	0.03	0.03	0.09
24	0.03	0.03	0.03	0.03	0.03	0.03	0.04
25	0.03	0.03	PLANT OFF	0.03	0.03	0.03	0.04
26	0.04	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	Plant Off	0.04	0.04	0.03	0.08
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	PLANT OFF	0.04	0.04	0.04	0.07
30	0.04	0.04	0.04	0.04	0.04	0.04	0.04
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Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> All 4-hour turbidity readings ≤ 1 NTU? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> All turbidity readings < IFE <sup>2</sup> triggers <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	CT's met everyday? (see back)  <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	All Cl2 residual at entry point ≥ 0.2 mg/l?  <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>

Notes:	PRINTED NAME: <b>Robert L Tilton</b>	
	SIGNATURE:	DATE: <b>7/1/21</b>
	PHONE #: <b>( 541 ) 874-2905</b>	CERT #: <b>2604</b>

<sup>1</sup> 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.

<sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

# OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : **A**

System Name: <b>City of Riddle</b>	ID#: <b>41</b>	00706	Month/Year: <b>June-2021</b>	Disinfection <i>Giardia</i> Log Inactiv: <b>0.5</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT <b>C X T</b>	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/ 16:29	0.77	110	84.7	20.6	7.28	10.1	Yes	392
2/20:22	0.78	110	85.8	21.8	7.27	9.3	Yes	381
3/21:18	0.67	110	73.7	22.3	7.26	8.8	Yes	506
4/ 00:00	0.76	110	83.6	22.8	7.30	8.8	Yes	384
5/ 18:57	0.78	110	85.8	22.4	7.32	9.1	Yes	376
6/14:12	0.74	110	81.4	21.6	7.30	9.5	Yes	380
7/15:48	0.77	110	84.7	20.7	7.31	10.1	Yes	374
8/15:41	0.76	110	83.6	19.8	7.33	10.9	Yes	373
9/16:51	0.79	110	86.9	19.3	7.33	11.3	Yes	365
10/03:16	0.82	110	90.2	17.5	7.15	11.9	Yes	364
11/16:30	0.82	110	90.2	19.1	7.38	11.7	Yes	356
12/ 18:36	0.77	110	84.7	18.5	7.33	11.9	Yes	308
13/17:44	0.56	110	61.6	20.0	7.29	10.3	Yes	325
14/18:46	0.74	110	81.4	19.6	7.27	10.7	Yes	319
15/00:09	0.76	110	83.6	19.9	7.30	10.7	Yes	349
16/17:16	0.74	110	81.4	19.3	7.30	11.1	Yes	337
17/21:30	0.73	110	80.3	19.9	7.31	10.7	Yes	368
18/ 16:35	0.7	110	77.0	21.2	7.28	9.6	Yes	371
19/17:54	0.74	110	81.4	21.2	7.31	9.8	Yes	372
20/17:23	0.73	110	80.3	21.9	7.25	9.1	Yes	351
21/18:21	0.68	110	74.8	23.0	7.27	8.5	Yes	356
22/ 12:59	0.73	110	80.3	25.0	7.27	7.4	Yes	356
23/09:20	0.72	110	79.2	23.8	7.33	8.2	Yes	441
24/20:54	0.73	110	80.3	24.1	7.30	8.0	Yes	414
25/13:57	0.78	110	85.8	25.1	7.38	7.7	Yes	448
26/ 21:43	0.72	110	79.2	25.6	7.43	7.6	Yes	457
27/ 21:13	0.75	110	82.5	26.4	7.28	6.8	Yes	466
28/22:06	0.68	110	74.8	27.7	7.35	6.3	Yes	451
29/ 00:04	0.78	110	85.8	27.3	7.23	6.3	Yes	468
30/ 14:33	0.71	110	78.1	27.5	7.60	7.1	Yes	435
31/		110					Yes	

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