

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: **Douglas**  
 Month/Year: **September, 2022**

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	0.04	0.04	0.04	0.03	0.03	0.03	0.03
2	0.03	0.03	PLANT OFF	0.03	0.04	0.04	0.06
3	0.04	0.04	0.04	0.04	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.03	0.04	0.04
5	0.04	0.04	PLANT OFF	>	0.04	0.04	0.07
6	0.04	0.04	0.04	0.04	0.04	0.03	0.04
7	0.03	0.03	PLANT OFF	0.04	0.03	0.03	0.07
8	0.03	0.03	0.03	0.04	0.04	0.03	0.04
9	0.03	0.03	PLANT OFF	0.03	0.04	0.03	0.08
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.04	0.04	0.04	0.04
12	0.03	0.03	PLANT OFF	>	0.04	0.03	0.07
13	0.03	0.03	0.03	0.04	0.04	0.03	0.04
14	0.03	0.03	PLANT OFF	0.03	0.04	0.03	0.08
15	0.03	0.03	0.03	0.03	0.04	0.03	0.04
16	0.03	0.03	PLANT OFF	0.04	0.03	0.03	0.09
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	PLANT OFF	>	0.03	0.03	0.07
20	0.03	0.03	0.03	0.05	0.04	0.03	0.05
21	0.03	0.03	PLANT OFF	>	>	0.04	0.10
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	PLANT OFF	>	0.03	0.03	0.09
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.04	0.04	0.04	0.04
26	0.04	0.03	Plant Off	0.04	0.04	0.04	0.09
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	PLANT OFF	>	>	0.04	0.09
29	0.03	0.03	0.03	PLANT OFF	0.04	0.03	0.09
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31							

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 Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>
<b>Notes:</b>		
<b>PRINTED NAME:</b> Robert L Tilton		
<b>SIGNATURE:</b>		<b>DATE:</b> 10/3/22
<b>PHONE #:</b> ( 541 ) 874-2905		<b>CERT #:</b> 2604

<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:	City of Riddle	ID#: 41	00706	Month/Year: September, 2021	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1/14:51	0.77	110	84.7	23.2	7.89	10.7	Yes	423
2/20:13	0.74	110	81.4	23.0	7.31	8.7	Yes	422
3/ 00:02	0.86	110	94.6	23.2	7.31	8.7	Yes	210
4/17:30	0.76	110	83.6	23.3	7.40	8.8	Yes	402
5/23:22	0.69	110	75.9	22.9	7.43	9.1	Yes	416
6/1:17	0.69	110	75.9	22.0	7.80	11.1	Yes	415
7/17:34	0.73	110	80.3	22.6	7.30	8.8	Yes	428
8/20:55	0.71	110	78.1	22.3	7.35	9.2	Yes	409
9/11:34	0.71	110	78.1	21.6	7.41	9.8	Yes	419
10/ 18:22	0.76	110	83.6	21.4	7.28	9.6	Yes	415
11/17:56	0.65	110	71.5	22.3	7.25	8.8	Yes	393
12/21:00	0.71	110	78.1	21.9	7.39	9.6	Yes	426
13/20:44	0.7	110	77.0	21.7	7.24	9.2	Yes	410
14/17:18	0.72	110	79.2	21.3	7.30	9.7	Yes	423
15/ 21:22	0.69	110	75.9	21.6	7.20	9.1	Yes	418
16/19:58	0.74	110	81.4	20.8	7.32	10.1	Yes	427
17/ 16:20	0.78	110	85.8	20.4	7.25	10.1	Yes	417
18/ 00:05	0.81	110	89.1	20.0	7.20	10.3	Yes	216
19/19:52	0.84	110	92.4	19.6	7.25	10.8	Yes	254
20/20:40	0.68	110	74.8	19.8	7.11	9.9	Yes	421
21/17:00	0.69	110	75.9	19.4	7.21	10.6	Yes	235
22/19:50	0.7	110	77.0	19.4	7.10	10.2	Yes	424
23/ 23:49	0.87	110	95.7	19.3	7.22	10.9	Yes	257
24/ 18:53	0.79	110	86.9	19.1	7.07	10.4	Yes	224
25/ 20:11	0.71	110	78.1	19.3	7.25	10.8	Yes	402
26/19:06	0.76	110	83.6	19.2	7.29	11.1	Yes	385
27/15:06	0.75	110	82.5	19.9	7.66	12.2	Yes	386
28/0:58	0.76	110	83.6	20.9	7.45	10.5	Yes	426
29/10:24	0.76	110	83.6	19.3	7.52	12.1	Yes	408
30/19:49	0.94	110	103.4	18.9	7.30	11.6	Yes	202
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.