

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: **Douglas**  
 Month/Year: **January, 2023**

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

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>

<b>Notes:</b>	<b>PRINTED NAME:</b> Robert L Tilton	
	<b>SIGNATURE:</b>	<b>DATE:</b> 2-1-23
	<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: January, 2023**                      **Disinfection *Giardia* Log Inactiv:**                      **0.5**

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]
1/19:52	0.84	110	92.4	9.8	7.17	20.4	Yes	257
2/00:10	0.91	110	100.1	9.3	7.15	21.1	Yes	237
3/19:52	0.76	110	83.6	9.1	7.26	21.8	Yes	324
4/21:14	0.75	110	82.5	9.8	7.11	19.8	Yes	240
5/19:22	0.70	110	77.0	8.8	7.21	21.7	Yes	271
6/18:48	0.70	110	77.0	8.9	7.15	21.1	Yes	237
7/ 15:38	0.73	110	80.3	9.1	7.20	21.3	Yes	265
8/19:14	0.66	110	72.6	9.0	7.10	20.5	Yes	289
9/18:56	0.66	110	72.6	9.0	7.10	20.5	Yes	292
10/ 00:01	0.71	110	78.1	9.2	7.15	20.7	Yes	271
11/00:16	0.84	110	92.4	9.1	7.15	21.2	Yes	244
12/19:05	0.75	110	82.5	9.2	7.21	21.3	Yes	280
13/ 18:24	0.72	110	79.2	10.0	7.09	19.3	Yes	258
14/ 12:45	0.75	110	82.5	10.2	7.16	19.6	Yes	270
15/ 11:20	0.59	110	64.9	9.9	7.11	19.3	Yes	331
16/00:12	0.71	110	78.1	9.4	7.16	20.5	Yes	286
17/ 00:13	0.83	110	91.3	9.7	7.21	20.8	Yes	251
18/ 18:03	0.74	110	81.4	9.3	7.17	20.8	Yes	343
19/ 19:05	0.64	110	70.4	8.5	7.19	21.8	Yes	254
20/ 19:19	0.69	110	75.9	8.6	7.17	21.7	Yes	274
21/ 18:38	0.71	110	78.1	8.1	7.26	23.2	Yes	245
22/ 00:00	0.77	110	84.7	7.7	7.25	23.9	Yes	240
23/ 18:37	0.70	110	77.0	7.8	7.14	22.6	Yes	311
24/ 19:20	0.76	110	83.6	7.4	7.20	23.9	Yes	248
25/ 19:46	0.75	110	82.5	7.4	7.28	24.6	Yes	286
26/20:45	0.62	110	68.2	7.1	7.31	25.0	Yes	248
27/ 20:05	0.62	110	68.2	7.2	7.28	24.5	Yes	283
28/ 18:43	0.59	110	64.9	7.2	7.22	23.9	Yes	247
29/ 00:00	0.65	110	71.5	7.2	7.16	23.6	Yes	244
30/ 11:40	0.63	110	69.3	7.0	7.23	24.4	Yes	257
31/ 19:36	0.68	110	74.8	6.0	7.26	26.6	Yes	288

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