

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: YAMHILL

Conventional or Direct Filtration

Month/Year: Jan / 21

System Name:	SHERIDAN, CITY OF		ID#:OR 410081				WTP:	WTP-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	OFF	OFF	.12	.10	OFF	OFF	.12	
2	OFF	OFF	.18	OFF	OFF	OFF	.18	
3	OFF	OFF	OFF	OFF	OFF	OFF	-	
4	OFF	OFF	OFF	OFF	OFF	OFF	-	
5	OFF	OFF	.19	OFF	OFF	OFF	.19	
6	OFF	OFF	.06	OFF	OFF	OFF	.06	
7	OFF	OFF	OFF	OFF	OFF	OFF	-	
8	OFF	OFF	.19	OFF	OFF	OFF	.19	
9	OFF	OFF	OFF	OFF	OFF	OFF	-	
10	OFF	OFF	OFF	OFF	OFF	OFF	-	
11	OFF	OFF	.12	OFF	OFF	OFF	.12	
12	OFF	OFF	OFF	OFF	OFF	OFF	-	
13	OFF	OFF	OFF	OFF	OFF	OFF	-	
14	OFF	OFF	.12	OFF	OFF	OFF	.12	
15	OFF	OFF	.13	OFF	OFF	OFF	.13	
16	OFF	OFF	OFF	OFF	OFF	OFF	-	
17	OFF	OFF	OFF	OFF	OFF	OFF	-	
18	OFF	OFF	.11	OFF	OFF	OFF	.11	
19	OFF	OFF	.14	OFF	OFF	OFF	.14	
20	OFF	OFF	OFF	OFF	OFF	OFF	-	
21	OFF	OFF	OFF	OFF	OFF	OFF	-	
22	OFF	OFF	.26	OFF	OFF	OFF	.26	
23	OFF	OFF	OFF	OFF	OFF	OFF	-	
24	OFF	OFF	OFF	OFF	OFF	OFF	-	
25	OFF	OFF	.19	OFF	OFF	OFF	.19	
26	OFF	OFF	.17	OFF	OFF	OFF	.17	
27	OFF	OFF	.15	OFF	OFF	OFF	.15	
28	OFF	OFF	.12	.04	.08	OFF	.12	
29	OFF	OFF	.17	.12	.07	OFF	.17	
30	OFF	OFF	.15	.07	OFF	OFF	.15	
31	OFF	OFF	.11	.09	OFF	OFF	.11	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / No		

Notes:	PRINTED NAME: Ken Hamilton	
	SIGNATURE: <i>Ken Hamilton</i>	DATE: 2/2/21
	PHONE #: (503)843-2176	CERT #: 6303

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 - :

WTP-A

System Name:

SHERIDAN, CITY OF

ID#:OR 4100811

Month/Year:

Jan/21

Disinfection *Giardia*
Log Inactiv:

0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 5:00 AM	.5	65	32	9.4	7.12	28	YES	290
2 4:00 AM	.5	65	32	9.5	7.16	28	YES	240
3 1:00 AM	.5	65	32	9.5	7.08	28	YES	160
4 5:00 AM	.5	65	32	9.7	7.12	28	YES	170
5 11:00 AM	.5	65	32	9.2	7.14	28	Yes	280
6 1:00 AM	.5	65	32	9.8	7.12	28	Yes	200
7 3:00 AM	.5	65	32	10.4	7.11	21	Yes	160
8 11:00 AM	.5	65	32	9.8	7.14	28	Yes	240
9 11:00 AM	.5	65	32	9.3	7.04	28	Yes	170
10 1:00 AM	.5	65	32	9.3	7.09	28	Yes	180
11 1:00 AM	.5	65	32	10.3	7.03	21	Yes	250
12 6:00 AM	.5	65	32	9.9	7.14	28	YES	150
13 2:00 AM	.5	65	32	9.3	7.15	28	YES	70
14 9:00 AM	.5	65	32	9.2	7.16	28	YES	250
15 6:00 AM	.5	65	32	9.5	7.14	28	YES	180
16 1:00 AM	.5	65	32	9.9	7.12	28	YES	160
17 5:30 AM	.5	65	32	9.9	7.08	28	YES	170
18 3:00 PM	.5	65	32	9.4	7.07	28	YES	280
19 11:00 AM	.5	65	32	9.3	7.05	28	Yes	270
20 1:00 AM	.5	65	32	9.3	7.04	28	Yes	180
21 1:00 AM	.5	65	32	9.7	7.12	28	Yes	160
22 11:00 AM	.5	65	32	9.3	7.06	28	Yes	190
23 3:00 AM	.5	65	32	8.4	7.10	28	Yes	180
24 2:00 AM	.5	65	32	9.2	7.11	28	Yes	180
25 11:00 AM	.5	65	32	9.9	7.07	28	Yes	290
26 3:00 AM	.5	65	32	8.4	7.14	28	YES	220
27 9:00 AM	.5	65	32	8.5	7.08	28	YES	270
28 7:00 AM	.5	65	32	9.1	7.12	28	YES	310
29 7:00 AM	.6	65	39	8.7	7.17	29	YES	370
30 6:00 PM	.7	65	45	8.5	7.22	29	YES	380
31 6:00 AM	.7	65	45	8.5	7.24	29	YES	340

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

Revised October 2013