OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: 4/21

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	.23	.22	.14	OFF	.23
2	OFF	OFF	.13	.12	.07	OFF	.13
3	OFF	OFF	.12	.07	OFF	OFF	.12
4	OFF	OFF	.14	.06	OFF	OFF	.14
5	OFF	OFF	.12	.14	.06	OFF	.14
6	OFF	OFF	.16	.10	.09	OFF	.16
7	OFF	OFF	.19	.07	.06	OFF	.19
8	OFF	OFF	.13	.07	.06	OFF	.13
9	OFF	OFF	.14	.11	.06	OFF	.14
10	OFF	OFF	.08	.05	.05	OFF	.08
11	OFF	OFF	.09	.07	.06	OFF	.09
12	OFF	OFF	.12	.13	.10	OFF	.13
13	OFF	OFF	.12	.06	.06	OFF	.12
14	OFF	OFF	.18	.07	.04	OFF	.18
15	OFF	OFF	.09	.05	.05	OFF	.09
16	OFF	OFF	.11	.06	.04	OFF	.11
17	OFF	OFF	.08	.05	.04	OFF	.08
18	OFF	OFF	.22	.04	.04	OFF	.22
19	OFF	OFF	.06	.03	.03	OFF	.06
20	OFF	OFF	.08	.05	.03	OFF	.08
21	OFF	OFF	.11	.03	.03	OFF	.11
22	OFF	OFF	.06	.07	.03	OFF	.07
23	OFF	OFF	.06	.16	.03	OFF	.16
24	OFF	OFF	.09	.06	.04	OFF	.09
25	OFF	OFF	.11	.07	.04	OFF	.11
26	OFF	OFF	.09	.04	.07	OFF	.09
27	OFF	OFF	.09	.12	.05	OFF	.12
28	OFF	OFF	.08	.07	.04	OFF	.08
29	OFF	OFF	.09	.04	.05	OFF	.09
30	OFF	OFF	.08	.06	.08	OFF	.08
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	(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?	Yes / (No)	(Yes) / No	(Yes) / No
All turbidity readings < IFE[2] triggers	(Yes) / No		

Notes:

PRINTED NAME: Ken Hamilton

SIGNATURE: Ken Hamilton DATE: 5/3/21

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
Disinfection *Giardia* Log Inactiv:	0.5

System Name: SHERIDAN, CITY OF ID#:OR 4100811 Month/Year: 4/24

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]
1 400 AM	.9	65	58	9.0	7.22	30	yes	380
2 500 AM	.9	65	58	9.5	7.15	30	yes	390
3 200 AM	.9	65	58	9.4	7.31	30	yes	380
4 500 AM	.9	65	58	9.6	7.36	30	yes	360
5 300 AM	.9	65	58	9.4	7.17	30	yes	300
6 700 AM	.9	65	58	9.4	7.32	30	yes	340
7 400 AM	.9	65	58	9.6	7.31	30	yes	350
8 800 AM	.9	65	58	9.5	7.25	30	yes	330
9 800 AM	.9	65	58	9.3	7.24	30	yes	270
10 1000 AM	.9	65	58	9.4	7.25	30	yes	340
11 400 AM	.9	65	58	9.3	7.27	30	yes	330
12 1200 AM	.9	65	58	9.6	7.11	30	Yes	360
13 1100 AM	.9	65	58	10.1	7.16	22	Yes	350
14 7:00 AM	.9	65	58	10.1	7.34	22	Yes	370
15 2:00 AM	.9	65	58	10.0	7.34	22	Yes	410
16 1:00 AM	1.0	65	65	10.4	7.29	22	Yes	400
17 1:00 AM	1.0	65	65	10.9	7.26	22	Yes	400
18 1:00 AM	1.0	65	65	10.3	7.15	22	Yes	380
19 6:00 AM	.9	65	58	11.8	7.27	22	Yes	330
20 800 AM	.9	65	58	12.6	7.32	22	yes	380
21 600 AM	.9	65	58	12.9	7.35	22	yes	350
22 200 AM	.9	65	58	13.1	7.41	22	yes	410
23 600 AM	.9	65	58	12.9	7.40	22	yes	420
24 700 AM	.9	65	58	12.8	7.39	22	yes	430
25 600 AM	.8	65	52	12.4	7.42	22	yes	410
26 300 AM	.8	65	52	11.9	7.45	22	yes	360
27 1:00 AM	.8	65	52	11.6	7.45	22	Yes	330
28 1:00 AM	.8	65	52	11.7	7.42	22	Yes	370
29 2:00 AM	.8	65	52	11.9	7.43	22	Yes	340
30 1:00 AM	.8	65	52	12.8	7.48	22	Yes	370
31		65						

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013