OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: 5/21

System Name: SHERIDAN, CITY OF ID#:OR 4100081 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	.06	.05	.05	OFF	.06
2	OFF	OFF	.09	.07	.05	OFF	.09
3	OFF	OFF	.07	.04	.05	OFF	.07
4	OFF	OFF	.07	.08	.07	OFF	.08
5	OFF	OFF	.08	.06	.04	OFF	.08
6	OFF	OFF	.12	.06	.07	OFF	.12
7	OFF	OFF	.15	.06	.05	OFF	.15
8	OFF	OFF	.09	.05	.05	OFF	.09
9	OFF	OFF	.11	.05	.04	OFF	.11
10	OFF	OFF	.09	.06	.04	OFF	.09
11	OFF	OFF	.09	.06	.05	OFF	.09
12	OFF	OFF	.11	.10	.08	OFF	.11
13	OFF	OFF	.18	.09	.14	OFF	.18
14	OFF	OFF	.11	.06	.05	OFF	.11
15	OFF	OFF	.16	.05	.05	OFF	.16
16	OFF	OFF	.09	.07	.05	OFF	.09
17	OFF	OFF	.08	.14	.08	OFF	.14
18	OFF	OFF	.15	.13	.06	OFF	.15
19	OFF	OFF	.14	.07	.06	OFF	.14
20	OFF	OFF	.19	.21	.04	OFF	.21
21	OFF	OFF	.12	.08	.04	OFF	.12
22	OFF	OFF	.14	.08	.06	OFF	.14
23	OFF	OFF	.19	.05	.05	OFF	.19
24	OFF	OFF	.12	.06	.05	OFF	.12
25	OFF	OFF	.19	.07	.18	OFF	.19
26	OFF	OFF	.17	.17	.06	OFF	.17
27	OFF	OFF	.11	.04	.04	OFF	.11
28	OFF	OFF	.12	.09	.17	OFF	.17
29	OFF	OFF	.15	.18	.05	OFF	.18
30	OFF	OFF	.11	.06	.05	OFF	.11
31	OFF	OFF	.09	.22	.09	.06	.22

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: 6/1/21

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: 5/21

	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	1:00 Am	.8	65	52	13.3	7.45	22	Yes	330
2	5:00 Am	.8	65	52	13.6	7.50	22	Yes	230
3	7:00 Am	.8	65	52	14.0	7.50	22	Yes	420
4	400 AM	.8	65	52	13.7	7.39	22	yes	320
5	4:00 AM	.8	65	52	13.3	7.41	22	yes	380
6	600 AM	.8	65	52	13.9	7.40	22	yes	390
7	700 AM	.8	65	52	13.4	7.45	22	yes	320
8	5:00 Am	.8	65	52	13.4	7.44	22	yes	370
9	700 AM	.8	65	52	13.4	7.40	22	yes	320
10	730 AM	.8	65	52	13.0	7.43	22	yes	340
11	300 AM	.8	65	52	12.9	7.43	22	yes	390
12	2:00 Am	.8	65	52	13.4	7.42	22	Yes	400
13	3:00 Am	.8	65	52	14.0	7.37	22	Yes	410
14	6:00 Am	.8	65	52	14.7	7.37	22	Yes	430
15	1:00 Am	.8	65	52	15.4	7.39	15	Yes	440
16	3:00 Am	.8	65	52	16.4	7.38	15	Yes	440
17	6:00 Am	.8	65	52	16.9	7.40	15	Yes	480
18	7:00 AM	.8	65	52	17.0	7.49	15	Yes	470
19	2:00 AM	.6	65	39	15.5	7.49	14	Yes	500
20	200 AM	.5	65	32	15.2	7.47	14	yes	490
21	300 AM	.6	65	39	14.3	7.45	21	yes	520
22	200 AM	.6	65	39	13.5	7.47	21	yes	510
23	400 AM	.4	65	26	13.9	7.45	21	yes	490
24	300 AM	.5	65	32	14.1	7.46	21	yes	450
25	500 Am	.5	65	32	14.5	7.47	21	Yes	570
26	7:00 Am	.8	65	52	15.2	7.52	18	Yes	470
27	700 AM	.8	65	52	15.9	7.53	18	yes	500
28	6:00 Am	.8	65	52	15.0	7.42	21	Yes	530
29	1:00 Am	.8	65	52	15.2	7.37	21	Yes	530
30	3:00 Am	.6	65	39	16.1	7.33	14	Yes	530
31	6:00 Am	.7	65	45	17.3	7.32	15	Yes	560

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

Revised October 2013