

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: YAMHILL

Conventional or Direct Filtration

Month/Year:

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
Notes:		PRINTED NAME: Ken Hamilton	
		SIGNATURE: <i>Ken Hamilton</i>	DATE: 7/8/21
		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 Efl. (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:

7/21

Disinfection Giardia
Loq 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 6:00 AM	1.0	65	65	19.1	7.49	15	Yes	540
2 9:00 AM	.9	65	58	20.0	7.55	14	Yes	540
3 6:00 AM	.8	65	52	21.2	7.46	11	yes	550
4 6:00 AM	1.0	65	65	21.1	7.46	11	yes	520
5 5:00 AM	.8	65	52	20.2	7.46	11	yes	440
6 3:00 AM	.7	65	45	18.8	7.47	15	yes	470
7 4:00 AM	.6	65	39	17.2	7.46	14	Yes	440
8 5:20 AM	.6	65	39	17.0	7.53	17	Yes	510
9 6:00 AM	.6	65	39	15.6	7.41	14	Yes	540
10 3:00 AM	.7	65	45	15.0	7.38	15	Yes	520
11 2:00 AM	.7	65	45	15.2	7.38	15	Yes	540
12 3:00 AM	.5	65	32	15.2	7.39	14	Yes	530
13 4:00 AM	.5	65	32	15.5	7.38	14	Yes	520
14 4:00 AM	.5	65	32	15.7	7.39	14	Yes	400
15 7:00 AM	.5	65	32	16.3	7.63	17	Yes	480
16 6:00 AM	.6	65	39	15.7	7.45	17	yes	470
17 7:00 AM	.6	65	39	16.3	7.42	14	yes	470
18 6:00 AM	.9	65	58	17.7	7.41	15	yes	550
19 6:00 AM	.8	65	52	17.9	7.43	15	yes	460
20 6:00 AM	.7	65	45	18.6	7.44	15	yes	460
21 6:00 AM	.8	65	52	20.3	7.46	11	Yes	590
22 6:00 AM	.8	65	52	20.9	7.46	11	Yes	550
23 6:00 AM	.4	65	26	20.5	7.40	10	Yes	550
24 7:00 AM	.8	65	52	20.8	7.54	13	Yes	520
25 7:00 AM	.8	65	52	21.6	7.48	11	Yes	570
26 6:00 AM	.9	65	58	23.4	7.51	14	Yes	490
27 7:00 AM	.7	65	45	24.9	7.49	11	Yes	530
28 7:00 AM	.6	65	39	26.6	7.47	7	Yes	570
29 8:00 AM	.6	65	39	25.1	7.47	7	Yes	530
30 7:00 AM	.5	65	32	24.7	7.54	13	yes	520
31		65						

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

Revised October 2013