OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

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

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No

All 4-hour turbidity readings ≤ 1 NTU? (Yes) / No

All turbidity readings < IFE[2] triggers (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residual at entry point ≥0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: Ken Hamilton

SIGNATURE: Ken Hamilton DATE:

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: July /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]
1 600 AM	.7	65	45	22.2	7.44	11	yes	530
2 600 AM	.6	65	39	21.0	7.46	11	yes	550
3 600 AM	.6	65	39	21.3	7.44	11	yes	460
4 600 AM	.5	65	32	22.2	7.46	11	yes	540
5 400 AM	.6	65	39	21.5	7.44	11	yes	540
6 600 AM	.6	65	39	21.1	7.46	11	yes	500
7 600 AM	.5	65	32	21.6	7.45	11	yes	570
8 6:00 Am	.6	65	39	20.3	7.49	11	Yes	530
9 3:00 AM	.7	65	45	20.4	7.43	11	Yes	430
10 8:00 Am	.7	65	45	21.3	7.39	11	Yes	490
11 8:00 Am	.6	65	39	22.0	7.38	11	Yes	530
12 6:00 AM	.8	65	52	21.9	7.50	11	Yes	490
13 6:00 PM	.8	65	52	21.2	7.67	13	Yes	530
14 5:00 AM	.9	65	58	21.4	7.35	11	Yes	530
15 600 AM	.6	65	39	21.4	7.37	11	yes	530
16 600 AM	.8	65	52	20.1	7.36	11	yes	500
17 400 AM	.7	65	45	20.4	7.34	11	yes	540
18 400 AM	.7	65	45	20.9	7.35	11	yes	500
19 600 AM	.8	65	52	21.2	7.34	11	yes	600
20 6:00 Am	.8	65	52	21.6	7.33	11	Yes	530
21 6:00 Am	.8	65	52	20.3	7.36	11	Yes	470
22 7:00 Am	.7	65	45	19.5	7.28	15	Yes	530
23 7:00 Am	.8	65	52	20.2	7.37	11	Yes	430
24 6:00 Am	.8	65	52	20.3	7.25	11	Yes	510
25 6:40 Am	.6	65	39	22.4	7.46	11	Yes	540
26 6:00 Am	.7	65	45	23.0	7.36	11	Yes	560
27 600 AM	1.0	65	65	22.4	7.30	11	yes	560
28 600 AM	.8	65	52	22.2	7.33	11	yes	550
29 700 AM	.9	65	58	22.5	7.30	11	yes	560
30 700 AM	.8	65	52	24.1	7.29	11	yes	570
31 500 AM	.8	65	52	24.6	7.32	11	yes	530

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

Revised October 2013