OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

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

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: 9/1/21

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: Aug/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 5:00 AM	.7	65	45	22.1	7.33	11	yes	540
2 5:00 AM	.8	65	52	21.5	7.36	11	yes	570
3 7:00 AM	.8	65	52	21.6	7.36	11	Yes	560
4 5:00 AM	.9	65	58	22.6	7.41	11	Yes	500
5 8:00 AM	.8	65	52	22.3	7.59	13	Yes	560
6 6:00 AM	.8	65	52	22.7	7.63	13	Yes	490
7 6:00 AM	.8	65	52	22.3	7.49	11	Yes	550
8 6:00 AM	.9	65	58	23.1	7.38	11	Yes	520
9 6:00 AM	.9	65	58	21.6	7.41	11	Yes	480
10 6:00 AM	.9	65	58	21.6	7.52	14	yes	550
11 5:00 AM	.8	65	52	23.2	7.35	11	yes	500
12 6:00 AM	1.0	65	65	23.9	7.35	11	Yes	520
13 11:00 PM	.8	65	52	24.7	7.35	11	yes	530
14 4:00 AM	.6	65	39	23.9	7.28	11	yes	550
15 4:00 AM	.9	65	58	23.3	7.25	11	yes	540
16 5:00 AM	.7	65	45	22.6	7.24	11	yes	490
17 7:00 AM	.9	65	58	22.8	7.26	11	Yes	430
18 6:00 AM	.9	65	58	20.7	7.29	11	Yes	530
19 6:00 AM	.8	65	52	19.4	7.25	11	Yes	590
20 9:00 pm	.7	65	45	20.2	7.31	11	Yes	530
21 7:00 pm	.6	65	39	20.3	7.30	11	Yes	530
22 5:00 PM	.6	65	39	20.1	7.27	11	Yes	510
23 3:00 AM	.8	65	52	18.3	7.36	15	Yes	570
24 6:00 AM	.8	65	52	18.2	7.36	15	Yes	520
25 2:00 AM	.7	65	45	18.6	7.32	15	Yes	510
26 6:00 AM	.8	65	52	18.9	7.35	15	yes	530
27 6:00 AM	1.0	65	65	19.1	7.33	15	yes	510
28 7:00 AM	.9	65	58	19.0	7.32	15	yes	480
29 5:00 AM	.9	65	58	19.3	7.35	15	Yes	530
30 6:00 AM	.7	65	45	19.4	7.30	15	Yes	530
31 5:00 PM	.8	65	52	19.2	7.29	15	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