OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: Sept /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	.28	.21	.08	OFF	.28
2	OFF	OFF	.22	.14	.14	OFF	.22
3	OFF	OFF	.23	.07	.08	OFF	.23
4	OFF	OFF	.11	.29	.08	.08	.29
5	OFF	OFF	.23	.18	.08	OFF	.23
6	OFF	OFF	.13	.15	.20	OFF	.20
7	OFF	OFF	.12	.11	.09	OFF	.12
8	OFF	OFF	.27	.10	.08	OFF	.27
9	OFF	OFF	.18	.09	.09	OFF	.18
10	OFF	OFF	.14	.08	.10	OFF	.14
11	OFF	OFF	.14	.08	.09	OFF	.14
12	OFF	OFF	.14	.09	.15	OFF	.15
13	OFF	OFF	.13	.11	.08	OFF	.13
14	OFF	OFF	.12	.08	.07	OFF	.12
15	OFF	OFF	.14	.08	.23	OFF	.23
16	OFF	OFF	.27	.07	.09	OFF	.27
17	OFF	OFF	.11	.08	.08	OFF	.11
18	OFF	OFF	.13	.10	.10	OFF	.13
19	OFF	OFF	.15	.10	.10	OFF	.15
20	OFF	OFF	.26	.28	.10	OFF	.28
21	OFF	OFF	.15	.16	.13	OFF	.16
22	OFF	OFF	.22	.08	.14	OFF	.22
23	OFF	OFF	.13	.14	.18	OFF	.18
24	OFF	OFF	.14	.09	.08	OFF	.14
25	OFF	OFF	.19	.07	.08	OFF	.19
26	OFF	OFF	.10	.11	.09	OFF	.11
27	OFF	OFF	.14	.07	.08	OFF	.14
28	OFF	OFF	.14	.09	.28	OFF	.28
29	OFF	OFF	.14	.12	.13	OFF	.16
30	OFF	OFF	.22	.15	.20	OFF	.22
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: 10/1/21

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: Sept /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 7:00 PM	.6	65	39	18.1	7.32	14	Yes	530
2 5:00 AM	1.0	65	65	17.6	7.31	15	Yes	530
3 7:00 pm	1.0	65	65	17.9	7.29	15	Yes	520
4 5:00 AM	1.1	65	71	18.4	7.43	15	Yes	550
5 4:00 Am	1.1	65	71	20.6	7.38	15	Yes	550
6 4:00 AM	1.0	65	65	20.7	7.39	11	Yes	550
7 4:00 PM	.8	65	52	20.4	7.36	11	yes	540
8 4:00 AM	.8	65	52	20.2	7.31	11	yes	470
9 4:00 AM	.9	65	58	20.4	7.35	11	yes	560
10 6:00 AM	.8	65	52	20.7	7.35	11	yes	550
11 5:00 AM	.7	65	45	19.4	7.32	15	yes	520
12 5:00 AM	.8	65	52	18.2	7.30	15	Yes	490
13 5:00 AM	.7	65	45	18.4	7.34	15	yes	550
14 4:00 AM	.7	65	45	18.1	7.27	15	Yes	500
15 6:00 AM	.8	65	52	18.4	7.33	15	Yes	480
16 4:00 AM	.8	65	52	17.9	7.37	15	Yes	480
17 2:00 AM	1.0	65	65	16.7	7.36	15	Yes	480
18 10:00 AM	.7	65	45	17.1	7.37	15	Yes	510
19 8:00 AM	.8	65	52	17.0	7.32	15	Yes	520
20 6:00 pm	.8	65	52	16.5	7.26	15	Yes	490
21 7:00 AM	1.0	65	65	16.8	7.27	15	Yes	500
22 3:00 AM	1.2	65	78	16.3	7.28	15	Yes	460
23 6:00 AM	.8	65	52	16.2	7.26	15	Yes	490
24 6:00 AM	.7	65	45	16.1	7.29	15	yes	550
25 6:00 AM	.6	65	39	16.3	7.25	14	yes	520
26 7:00 AM	.6	65	39	16.5	7.27	14	Yes	460
27 6:00 AM	.7	65	45	16.8	7.23	15	Yes	560
28 1:00 pm	.7	65	45	16.6	7.28	15	Yes	480
29 4:00 Am	.6	65	39	15.7	7.29	14	Yes	410
30 6:00 AM	.6	65	39	15.6	7.26	14	Yes	410
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