OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

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

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: 11/1/21

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: 04/21

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	.7	65	45	14.6	7.27	22	Yes	500
2 2:00 AM	.6	65	39	13.8	7.31	21	Yes	530
3 3:00 pm	.8	65	52	14.6	7.25	22	Yes	530
4 6:00 AM	.8	65	52	15.1	7.23	15	Yes	480
5 2:00 AM	.8	65	52	14.6	7.31	22	yes	520
6 2:00 AM	1.2	65	78	13.9	7.30	23	yes	500
7 4:00 AM	.9	65	58	13.0	7.32	22	yes	480
8 4:00 AM	.9	65	58	12.5	7.35	22	yes	520
9 5:00 AM	.9	65	58	12.1	7.35	22	yes	460
10 4:00 AM	.9	65	58	12.3	7.35	22	yes	490
11 6:00 AM	.9	65	58	12.3	7.36	22	Yes	520
12 5:00 AM	.9	65	58	11.8	7.37	22	Yes	540
13 4:00 AM	.9	65	58	11.6	7.32	22	Yes	470
14 5:00 AM	.9	65	58	11.3	7.34	22	Yes	500
15 4:00 Am	.8	65	52	11.4	7.32	22	Yes	500
16 3:00 Am	.8	65	52	11.7	7.33	22	Yes	530
17 6:00 AM	.9	65	58	12.0	7.29	22	Yes	520
18 4:00 AM	1.1	65	71.5	11.8	7.28	23	Yes	460
19 4:00 AM	1.1	65	71	11.9	7.30	23	yes	420
20 6:00 AM	1.0	65	65	12.0	7.32	22	Yes	400
21 6:00 AM	1.0	65	65	12.2	7.33	22	Yes	500
22 6:00 AM	1.0	65	65	12.2	7.33	22	yes	420
23 10:00 AM	.9	65	58	12.3	7.31	22	yes	400
24 7:00 AM	.9	65	58	12.5	7.33	22	Yes	390
25 6:00 Am	1.1	65	71	12.8	7.27	23	Yes	380
26 1:00 pm	1.2	65	78	12.0	7.28	23	Yes	420
27 6:00 Am	1.1	65	71	12.1	7.23	23	Yes	410
28 7:00 Am	1.0	65	65	12.2	7.18	22	Yes	430
29 7:00 Am	1.0	65	65	12.8	7.09	22	Yes	430
30 6:00 Am	1.0	65	65	12.0	7.23	22	Yes	450
31 6:00 AM	1.0	65	65	11.4	7.23	22	Yes	440

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

Revised October 2013