OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: 11/21

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	.29	.09	.08	OFF	.29
2	OFF	OFF	.21	.09	.17	OFF	.21
3	OFF	OFF	.12	.08	.07	OFF	.12
4	OFF	OFF	.22	.06	.09	OFF	.22
5	OFF	OFF	.16	.07	.05	OFF	.16
6	OFF	OFF	.14	.06	.05	OFF	.14
7	OFF	OFF	.09	.06	.05	OFF	.09
8	OFF	OFF	.15	.06	.05	OFF	.15
9	OFF	OFF	.13	.11	.05	OFF	.13
10	OFF	OFF	.11	.07	.12	OFF	.12
11	OFF	OFF	.17	.05	OFF	OFF	.17
12	OFF	OFF	OFF	.05	OFF	OFF	.05
13	OFF	OFF	OFF	OFF	OFF	OFF	—
14	OFF	OFF	.12	.18	OFF	OFF	.18
15	OFF	OFF	.20	.07	.05	OFF	.20
16	OFF	OFF	.18	.07	.05	OFF	.18
17	OFF	OFF	.12	.08	.06	OFF	.12
18	OFF	OFF	.11	.06	.05	OFF	.11
19	OFF	OFF	.14	.07	.05	OFF	.14
20	OFF	OFF	.10	.05	.04	OFF	.10
21	OFF	OFF	.10	.06	.05	OFF	.10
22	OFF	OFF	.11	.12	.09	OFF	.12
23	OFF	OFF	.17	.18	.12	OFF	.18
24	OFF	OFF	.13	.21	.07	OFF	.21
25	OFF	OFF	.13	.05	.04	OFF	.13
26	OFF	OFF	.12	.05	.05	OFF	.12
27	OFF	OFF	.14	.05	.04	OFF	.14
28	OFF	OFF	.10	.05	.04	OFF	.10
29	OFF	OFF	.16	.08	.05	OFF	.16
30	OFF	OFF	.14	.05	.14	OFF	.14
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: 12/1/21

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: 11/21

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	1.0	65	65	11.8	7.18	22	yes	340
2 4:00 AM	1.2	65	78	11.0	7.24	23	Yes	410
3 4:00 AM	1.0	65	65	11.7	7.30	22	yes	410
4 6:00 AM	1.1	65	71.5	11.5	7.31	23	Yes	380
5 6:00 AM	1.0	65	65	12.1	7.20	22	yes	420
6 4:00 AM	.9	65	58	11.6	7.20	22	yes	430
7 8:00 AM	.9	65	58	10.9	7.19	22	yes	380
8 5:00 AM	1.0	65	65	10.5	7.21	22	yes	400
9 5:00 AM	.9	65	58	10.5	7.16	22	Yes	430
10 7:00 AM	.9	65	58	11.0	7.12	22	Yes	410
11 8:00 AM	.9	65	58	11.2	7.24	22	Yes	390
12 2:00 AM	.8	65	52	13.2	7.17	22	Yes	200
13 1:00 AM	.8	65	52	11.9	7.13	22	Yes	60
14 9:00 AM	.8	65	52	12.2	7.16	22	Yes	220
15 3:00 AM	.8	65	52	11.7	7.04	22	Yes	360
16 6:00 AM	.9	65	58	11.7	7.08	22	yes	400
17 8:00 AM	.9	65	58	10.7	7.11	22	yes	330
18 8:00 AM	.9	65	58	10.8	7.11	22	yes	370
19 8:00 AM	.9	65	58	10.7	7.10	22	yes	400
20 7:00 AM	1.0	65	65	10.6	7.17	22	yes	400
21 8:00 AM	1.0	65	65	10.2	7.19	22	yes	350
22 7:00 AM	.9	65	58	9.6	7.25	30	yes	320
23 1:00 AM	.9	65	58	9.8	7.18	30	Yes	370
24 2:00 AM	.9	65	58	9.3	7.23	30	Yes	380
25 7:00 AM	1.0	65	65	9.5	7.23	30	Yes	430
26 7:00 AM	1.0	65	65	9.1	7.30	30	Yes	320
27 7:00 AM	1.0	65	65	10.4	7.26	22	Yes	430
28 7:00 AM	1.0	65	65	11.0	7.27	22	Yes	420
29 6:00 AM	1.0	65	65	11.4	7.25	22	Yes	380
30 7:00 AM	1.1	65	71	12.2	7.27	23	yes	390
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