OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: Dec/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	.14	.27	.12	OFF	.27
2	OFF	OFF	.25	.16	.14	OFF	.25
3	OFF	OFF	.26	.14	.12	OFF	.26
4	OFF	OFF	.10	.15	.11	OFF	.15
5	OFF	OFF	.21	.07	.06	OFF	.21
6	OFF	OFF	.12	.10	.04	OFF	.12
7	OFF	OFF	.11	.10	.04	OFF	.11
8	OFF	OFF	.08	.07	.04	OFF	.08
9	OFF	OFF	.07	.13	.01	OFF	.13
10	OFF	OFF	.08	.08	.06	OFF	.08
11	OFF	OFF	OFF	OFF	OFF	OFF	—
12	OFF	OFF	OFF	OFF	OFF	OFF	—
13	OFF	OFF	.15	.05	OFF	OFF	.15
14	OFF	OFF	.08	.04	OFF	OFF	.08
15	OFF	OFF	.08	.05	OFF	OFF	.08
16	OFF	OFF	.28	.11	.06	OFF	.28
17	OFF	OFF	.24	.11	.10	OFF	.24
18	OFF	OFF	.18	.06	OFF	OFF	.18
19	OFF	OFF	OFF	OFF	OFF	OFF	—
20	OFF	OFF	OFF	OFF	OFF	OFF	—
21	OFF	OFF	.05	OFF	OFF	OFF	.05
22	OFF	OFF	.05	OFF	OFF	OFF	.05
23	OFF	OFF	.24	.06	OFF	OFF	.24
24	OFF	OFF	OFF	OFF	OFF	OFF	—
25	OFF	OFF	OFF	OFF	OFF	OFF	—
26	OFF	OFF	.15	.09	OFF	OFF	.15
27	OFF	OFF	.10	.04	OFF	OFF	.10
28	OFF	OFF	.09	.05	OFF	OFF	.09
29	OFF	OFF	.14	.06	.05	OFF	.14
30	OFF	OFF	.13	.04	.05	OFF	.13
31	OFF	OFF	.09	.05	.05	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: 1/4/22

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: Dec/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]
1 700 AM	1.1	65	71	11.5	7.31	23	yES	390
2 730 AM	1.1	65	71	11.2	7.29	23	yES	380
3 700 AM	1.1	65	71	10.7	7.29	23	yES	380
4 700 AM	1.1	65	71	10.4	7.31	23	yES	330
5 800 AM	1.1	65	71	9.7	7.33	31	yES	390
6 800 AM	1.0	65	65	9.4	7.38	30	yES	380
7 200 AM	1.0	65	65	9.7	7.25	30	yES	420
8 700 AM	1.0	65	65	9.4	7.25	30	yES	410
9 7:00 AM	1.0	65	65	9.3	7.26	30	Yes	430
10 7:00 AM	1.0	65	65	9.1	7.25	30	Yes	400
11 4:00 AM	1.0	65	65	9.4	7.24	30	Yes	160
12 1:00 AM	1.0	65	65	9.5	7.13	30	Yes	170
13 1:00 AM	1.0	65	65	8.9	7.21	30	Yes	250
14 2:00 AM	.9	65	58	9.0	7.23	30	Yes	330
15 3:00 AM	1.0	65	65	9.2	7.23	30	Yes	360
16 200 AM	.9	65	58	9.4	7.23	30	yES	350
17 800 AM	1.0	65	65	9.4	7.15	30	yES	330
18 800 AM	1.0	65	65	9.2	7.21	30	yES	360
19 600 AM	.9	65	58	9.1	7.19	30	yES	170
20 300 AM	.8	65	52	9.0	7.08	29	yES	180
21 2:00 AM	.8	65	52	9.9	7.24	29	Yes	160
22 1:00 AM	.8	65	52	9.8	7.32	29	Yes	230
23 3:00 AM	.8	65	52	9.5	7.20	29	Yes	200
24 2:00 AM	.8	65	52	8.8	7.08	29	Yes	180
25 3:00 AM	.8	65	52	8.9	7.17	29	Yes	170
26 3:00 AM	.8	65	52	7.9	7.19	29	Yes	180
27 600 AM	.8	65	52	6.4	7.20	29	yES	320
28 700 AM	.8	65	52	8.1	7.15	29	yES	370
29 700 AM	.9	65	58	8.1	7.25	30	yES	360
30 800 AM	.9	65	58	7.9	7.31	30	yES	380
31 700 AM	.9	65	58	7.5	7.33	30	yES	390

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

Revised October 2013