OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: Jan / 22

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

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: 2/1/22

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: Jan/22

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]
1 730 AM	.9	65	58	7.4	7.35	30	yes	380
2 800 AM	.9	65	58	7.3	7.36	30	Yes	390
3 4:00 PM	.9	65	58	8.4	7.15	30	Yes	270
4 12:00 AM	.9	65	58	7.0	7.29	30	Yes	180
5 1:00 AM	.9	65	58	7.7	7.27	30	Yes	280
6 12:00 pm	.9	65	58	8.4	7.13	30	Yes	140
7 3:00 AM	.9	65	58	9.5	7.24	30	Yes	220
8 1:00 AM	.9	65	58	7.7	7.22	30	Yes	170
9 3:00 AM	.8	65	52	7.6	7.27	29	Yes	170
10 7:00 AM	.8	65	52	9.1	7.24	29	Yes	370
11 6:00 AM	.8	65	52	8.6	7.08	29	Yes	200
12 300 AM	.9	65	58	10.4	6.94	19	yes	300
13 730 AM	.9	65	58	9.2	7.01	30	yes	300
14 600 AM	.9	65	58	9.2	7.04	30	yes	360
15 400 AM	1.0	65	65	9.1	7.06	30	yes	360
16 200 PM	1.1	65	71	8.8	7.09	31	yes	320
17 700 AM	1.1	65	71	8.7	7.13	31	yes	330
18 6:00 AM	1.0	65	65	8.4	7.04	30	Yes	370
19 6:00 AM	1.1	65	71	9.4	7.20	31	Yes	220
20 5:00 AM	1.1	65	71	9.2	7.18	31	Yes	310
21 1:00 Am	1.0	65	65	8.9	7.13	30	Yes	360
22 7:00 Am	1.1	65	71	9.2	7.12	31	Yes	230
23 1:00 Am	1.1	65	71	9.0	7.14	31	Yes	240
24 6:30 Am	1.1	65	71	8.5	7.20	31	Yes	330
25 600 AM	1.1	65	71	8.1	7.21	31	yes	370
26 600 AM	1.0	65	65	8.0	7.22	30	yes	370
27 400 PM	1.0	65	65	8.1	7.21	30	yes	300
28 700 AM	1.0	65	65	7.4	7.23	30	yes	370
29 300 AM	1.0	65	65	7.1	7.23	30	yes	350
30 300 AM	1.0	65	65	7.0	7.21	30	yes	350
31 300 PM	1.0	65	65	6.9	7.24	30	yes	340

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

Revised October 2013