OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: YAMHILL

Month/Year: 2/22

System Name: SHERIDAN, CITY OF ID#:OR 4100810 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	.07	OFF	OFF	.13
2	OFF[2]	OFF	.12	.05	OFF	OFF	.12
3	OFF	OFF	.19	.06	OFF	OFF	.19
4	OFF	OFF	.12	.06	OFF	OFF	.12
5	OFF	OFF	.07	.04	OFF[2]	OFF[2]	.07
6	OFF	OFF	.08	.05	OFF	OFF	.08
7	OFF	OFF	.07	.15	OFF	OFF[2]	.15
8	OFF[2]	OFF	.21	.05	OFF	OFF	.21
9	OFF	OFF	.08	.06	.04	OFF	.08
10	OFF	OFF	.08	.04	OFF	OFF	.08
11	OFF	OFF	.08	.06	OFF	OFF	.08
12	OFF	OFF	.20	.04	OFF	OFF	.20
13	OFF	OFF	.12	.10	OFF	OFF	.12
14	OFF	OFF	.09	.10	OFF	OFF	.10
15	OFF	OFF	.06	.12	OFF[2]	.12	.12
16	OFF[2]	OFF[2]	.08	.14	OFF	OFF	.14
17	OFF	OFF	.11	.21	.05	OFF	.21
18	OFF	OFF	.08	.03	.03	OFF[2]	.08
19	OFF[2]	OFF[2]	.07	.03	.03	OFF[2]	.07
20	OFF	OFF[2]	.07	.03	.03	OFF[2]	.07
21	OFF[2]	OFF	.06	.04	OFF	OFF	.06
22	OFF	OFF	.07	.12	.08	OFF	.12
23	OFF	OFF	.06	.16	.14	OFF	.16
24	OFF	OFF	.17	.08	.07	OFF	.17
25	OFF	OFF	.17	.09	.13	OFF	.17
26	OFF	OFF	.07	.04	.03	OFF	.07
27	OFF	OFF	.09	.13	.09	OFF	.13
28	OFF	OFF	.10	.03	OFF	OFF	.10
29							
30							
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: 3/2/22

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: 2/22

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 1:00 AM	1.0	65	65	8.2	7.04	30	Yes	320
2 4:00 AM	1.0	65	65	7.4	7.19	30	Yes	310
3 3:00 PM	1.0	65	65	7.8	7.14	30	Yes	370
4 2:00 AM	1.0	65	65	7.7	7.23	30	Yes	300
5 1:00 AM	1.0	65	65	7.9	7.11	30	Yes	250
6 7:00 AM	1.0	65	65	7.7	7.20	30	Yes	250
7 1:00 AM	1.0	65	65	7.7	7.27	30	Yes	330
8 7:00 AM	1.0	65	65	8.3	7.31	30	yES	320
9 11:00 PM	1.0	65	65	8.2	7.24	30	yES	340
10 8:00 AM	.9	65	58	7.8	7.27	30	yES	390
11 8:00 AM	.9	65	58	8.1	7.27	30	yES	340
12 8:00 AM	.9	65	58	8.2	7.28	30	yES	350
13 7:00 AM	.9	65	.58	8.4	7.30	30	Yes	330
14 1:00 AM	.9	65	58	8.3	7.30	30	Yes	360
15 1:00 AM	.9	65	58	8.1	7.30	30	Yes	340
16 1:00 AM	.9	65	58	8.9	7.28	30	Yes	320
17 7:00 AM	.9	65	58	8.8	7.32	30	Yes	360
18 7:00 AM	.9	65	58	8.3	7.34	30	Yes	380
19 6:00 AM	.9	65	58	8.6	7.39	30	Yes	380
20 6:00 AM	.9	65	58	3.4	7.37	30	Yes	400
21 6:00 AM	.9	65	58	8.3	7.38	30	Yes	400
22 8:00 AM	.9	65	58	7.9	7.34	30	Yes	350
23 6:00 AM	.9	65	58	7.4	7.32	30	yES	420
24 6:00 AM	.9	65	58	6.0	7.30	30	yES	440
25 7:00 AM	.9	65	58	5.6	7.29	30	yES	420
26 5:00 AM	.9	65	58	5.7	7.30	30	yES	420
27 5:00 AM	.9	65	58	6.1	7.32	30	Yes	390
28 4:00 AM	.9	65	58	7.0	7.31	30	yES	270
29		65						
30		65						
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