

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: YAMHILL

Conventional or Direct Filtration

Month/Year: Sept / 22

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:		PRINTED NAME: Ken Hamilton	
		SIGNATURE: <i>Ken Hamilton</i>	DATE: 10/1/22
		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 <i>Giardia</i> Log Inactiv:	0.5

System Name: SHERIDAN, CITY OF ID#:OR 4100811 Month/Year: Sept/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 3:00 PM	.7	65	45	19.4	7.45	15	YES	530
2 4:00 AM	.7	65	45	19.2	7.42	15	YES	520
3 5:00 AM	.7	65	45	19.6	7.46	15	YES	510
4 6:00 AM	.6	65	39	18.4	7.46	14	YES	490
5 4:00 AM	.6	65	39	18.5	7.47	14	YES	510
6 5:00 AM	.7	65	45	17.8	7.47	15	YES	480
7 4:00 AM	.9	65	58	18.8	7.48	15	YES	460
8 6:00 AM	.7	65	45	18.8	7.48	15	YES	350
9 4:00 AM	.7	65	45	17.8	7.49	15	YES	310
10 7:00 PM	.7	65	45	18.4	7.49	15	YES	360
11 3:00 AM	.7	65	45	18.4	7.48	15	YES	410
12 6:00 AM	.7	65	45	18.6	7.48	15	YES	400
13 5:00 AM	.7	65	45	18.5	7.49	15	Yes	340
14 1:00 AM	.7	65	45	19.2	7.55	18	Yes	380
15 1:00 AM	.7	65	45	18.9	7.40	15	Yes	370
16 4:00 AM	.7	65	45	18.3	7.25	15	Yes	460
17 4:00 AM	.7	65	45	17.6	7.23	15	Yes	240
18 3:00 AM	.7	65	45	17.5	7.49	15	Yes	260
19 2:00 AM	.8	65	52	17.6	7.39	15	Yes	420
20 3:00 AM	.8	65	52	17.4	7.18	15	Yes	430
21 2:00 AM	.8	65	52	17.5	7.49	15	Yes	410
22 2:00 AM	.8	65	52	17.2	7.27	15	Yes	430
23 4:00 AM	.9	65	58	16.6	7.06	15	Yes	320
24 5:00 AM	.9	65	58	16.7	6.91	13	Yes	440
25 6:00 AM	.9	65	58	16.4	7.13	15	Yes	380
26 4:00 AM	.8	65	52	17.7	7.03	15	Yes	420
27 5:00 AM	.8	65	52	17.3	6.94	12	Yes	500
28 6:00 AM	1.0	65	65	16.9	7.12	15	Yes	500
29 4:00 AM	.8	65	52	17.2	7.05	15	Yes	480
30 3:00 AM	.8	65	52	16.5	7.46	15	Yes	360
31		65						

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.