OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration

County: Month/Year:

Yamhill Jan-23

System Name:	Name: City of Sheridan ID#: 4			ID#: 41	00811		WTP: WTP-A	
Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	•	ding of the Day
Day	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	1 [NTU]
1	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
2	OFF	OFF	OFF	OFF	OFF	OFF		OFF
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF)FF
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	OFF)FF
7	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
8	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
9	OFF	OFF	OFF	OFF	OFF	OFF)FF
10	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
11	OFF	OFF	OFF	OFF	0.065	OFF	0	.065
12	OFF	OFF	OFF	OFF	OFF	OFF)FF
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	0.071	OFF	0.071	
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF)FF
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
	nal or Direct		Monthly Summary (Answer Yes or No)					
95% of 4-hour turbidity readings ≤ 0.3 NTU? V Yes / No					CT's met everyday?		All Cl2 residual at entry	
All 4-hour turbidity readings ≤ 1 NTU? √ Yes / No					(see back)		point ≥ 0.2 mg/l?	
All turb	gs < IFE ² trig	gers	V Yes / No V Yes / No					
Notes: Our Ch	er for peak	hourly dem	PRINTED NAME: Gary N Mathis					
part break, we	luled to rec	eive the nev	SIGNATURE: DATE:2/10/23					
2/13/23.					CERT #:127558			

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM 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-A
System Name: City of Sheridan		ridan	ID#: 41 00811		Month/Year:	Jan-23	Disinfection Giardia Log Inactiv:	0.5
l	1						1 1	

								inactiv:	
Date	Time	Minimum Cl ₂ Residual at 1st User (C) 3	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	8:30 AM	0.31	65	20.2	11.7	6.5	13.4	Yes	450
2	8:35 AM	0.65	65	42.3	12.5	6.5	12.8	Yes	560
3	8:15 AM	0.31	65	20.2	13.0	6.8	13.5	Yes	425
4	8:30 AM	0.31	65	20.2	12.0	6.5	13.4	Yes	600
5	9:00 AM	0.51	65	33.2	13.4	6.8	13.5	Yes	360
6	8:45 AM	0.50	65	32.5	12.9	6.8	13.7	Yes	650
7	9:00 AM	0.59	65	38.4	10.7	6.9	17.0	Yes	400
8	8:30 AM	0.64	65	41.6	11.4	7.0	16.8	Yes	600
9	8:15 AM	0.72	65	46.8	11.6	6.8	15.7	Yes	560
10	9:00 AM	0.77	65	50.1	13.5	6.5	12.3	Yes	400
11	9:15 AM	0.57	65	37.1	15.9	7.5	14.5	Yes	680
12	8:15 AM	0.67	65	43.6	11.5	6.6	15.0	Yes	525
13	8:30 AM	0.62	65	40.3	11.1	6.6	15.1	Yes	400
14	9:00 AM	0.77	65	50.1	10.6	6.8	17.1	Yes	700
15	8:30 AM	0.72	65	46.8	10.2	6.8	17.2	Yes	
16	8:00 AM	0.85	65	55.3	10.3	6.5	15.4	Yes	
17	8:15 AM	0.81	65	52.7	11.5	6.9	16.5	Yes	
18	9:00 AM	0.80	65	52.0	12.6	7.0	15.5	Yes	
19	9:00 AM	0.49	65	31.9	10.9	6.9	16.4	Yes	
20	8:30 AM	0.49	65	31.9	11.0	6.9	16.5	Yes	
21	8:00 AM	0.46	65	29.9	10.7	6.9	16.8	Yes	
22	9:15 AM	0.53	65	34.5	11.4	6.9	16.1	Yes	
23	9:00 AM	0.53	65	34.5	11.4	6.9	16.2	Yes	
24	7:30 AM	0.50	65	32.5	10.9	6.8	16.2	Yes	
25	8:00 AM	0.56	65	36.4	11.2	7.1	17.3	Yes	
26	9:00 AM	0.55	65	35.8	12.3	7.0	15.6	Yes	
27	8:15 AM	0.53	65	34.5	11.7	7.3	18.4	Yes	
28	8:30 AM	0.56	65	36.4	11.3	6.6	15.0	Yes	
29	9:00 AM	0.44	65	28.6	11.2	6.8	15.5	Yes	
30	8:00 AM	0.52	65	33.8	11.0	7.0	17.0	Yes	
31	8:15 AM	0.52	65	33.8	11.1	7.0	17.1	Yes	

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