OHA - Drinking Water Services -Turbidity Monitoring Report Form  Conventional or Direct Filtration							County:	Yamhill	
				Month/Year:	Dec-23				
System Name:		ty of Sheric		ID#: 41		0.014	WTP: WTP-A   Highest Reading of the Day		
Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM			
	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	<u> [NTO]</u>		
1	0.03	0.04	0.16	0.11	0.09	OFF	0.16		
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
11	OFF	OFF	OFF	OFF	OFF	OFF	41	DFF	
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
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	OFF	OFF	OFF		
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	OFF		
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
С	Filtration	Monthly Summary (Answer Yes or No)							
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>√ Yes / N</b>					CT's met everyday?		All Cl2 residual at entry		
All 4-hour turbidity readings ≤ 1 NTU? <b>V</b> Yes /					(see back) point ≥ 0.2 mg/		•		
	gs < IFE² trig		√ Yes / No VYes / No			s/No			
Notes:				PRINTED NAME: Gary N Mathis					
			SIGNATURE: Barry Mach DATE:11			DATE:1/10/2024			
				PHONE #: ( 971 ) 312-1892 CERT			CERT #:12755		

<sup>&</sup>lt;sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form									WTP - : WTP-A	
Syster	n Name:	City of She	ridan	ID#: 41 00	811	Month/Year:	Dec-23	Disinfection Giardia Log Inactiv:	0.5	
Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C)	Contact Time ( <b>T</b> )	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	8:00AM	0.77	65	50.1	10.6	7.0	17.8	Yes	3300	
2	8:00AM	0.84	65	54.6	12.0	6.5	14.2	Yes	1100	
3	8:00AM	0.74	65	48.1	12.2	6.4	13.4	Yes	500	
4	8:00AM	0.36	65	23.4	14.2	6.8	12.4	Yes	3400	
5	8:00AM	0.68	65	44.2	14.9	6.8	12.3	Yes	1900	
6	8:00AM	0.58	65	37.7	11.0	6.6	14.9	Yes	1700	
7	8:00AM	0.96	65	62.4	11.4	6.7	15.6	Yes	2000	
8	8:00AM	0.61	65	39.7	12.1	6.4	13.3	Yes	600	
9	8:00AM	0.65	65	42.3	12.3	6.2	12.3	Yes	500	
10	8:00AM	0.78	65	50.7	11.9	6.9	16.1	Yes	450	
11	8:00AM	1.02	65	66.3	11.2	6.7	16.2	Yes	2000	
12	8:00AM	0.71	65	46.2	11.7	6.6	14.6	Yes	450	
13	8:00AM	0.72	65	46.8	11.6	6.7	15.3	Yes	1500	
14	8:00AM	0.66	65	42.9	12.0	6.8	15.3	Yes	2700	
15	8:00AM	0.63	65	41.0	11.7	6.8	15.5	Yes	400	
16	8:00AM	0.58	65	37.7	11.0	6.4	14.1	Yes	600	
17	8:00AM	0.49	65	31.9	10.8	6.5	14.6	Yes	1400	
18	8:00AM	0.5	65	32.5	11.2	6.7	15.3	Yes	1500	
19	8:00AM	0.74	65	48.1	11.6	6.9	16.3	Yes	700	
20	8:00AM	0.69	65	44.9	11.9	6.9	16.0	Yes	2200	
21	8:00AM	0.73	65	47.5	12.1	6.9	15.8	Yes	2000	
22	8:00AM	0.68	65	44.2	11.0	6.9	16.9	Yes	2200	
23	8:00AM	0.49	65	31.9	11.6	6.9	15.9	Yes	600	
24	8:00AM	0.39	65	25.4	11.0	6.6	14.8	Yes	700	
25	8:00AM	0.33	65	21.5	11.4	7.0	16.4	Yes	2100	
26	8:00AM	0.26	65	16.9	14.3	6.8	12.2	Yes	2200	
27	8:00AM	0.5	65	32.5	11.3	7.0	16.8	Yes	2200	
28	8:00AM	0.6	65	39.0	11.5	6.9	16.2	Yes	1500	

31.2

44.2

39.7

65

65

65

29

30

31

8:00AM

8:00AM

8:00AM

0.48

0.68

0.61

1500

450

450

Yes

Yes

Yes

12.2

11.7

11.5

6.7

6.4

6.4

14.3

13.7

13.7

<sup>&</sup>lt;sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.