

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Yamhill**
 Month/Year: **FEB. 2025**

System Name: City of Sheridan		ID#: 41 00811					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	OFF	OFF	OFF	OFF	OFF
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	OFF
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							
30							
31							

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU? ✓ Yes / No
 All 4-hour turbidity readings \leq 1 NTU? ✓ Yes / No
 All turbidity readings < IFE² triggers ✓ Yes / No

CT's met everyday?
(see back) ✓ Yes / No
 All Cl₂ residual at entry
point \geq 0.2 mg/l? ✓ Yes / No

Notes:

PRINTED NAME: Lonny S. Sayles
 SIGNATURE: [Signature] DATE: 3-5-25
 Phone# 541-206-3976 CERT# 6085

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

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : WTP-A

System Name: City of Sheridan

ID#: 41 00811

Month/Year: FEB. 2025

Disinfection
Giardia Log
Inactiv:

0.5

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	800AM	1.26	65	81.9	10.8	6.3	14.7	Yes	400
2	825AM	1.17	65	76.1	10.4	6.5	16.2	Yes	450
3	330PM	1.32	65	85.8	9.1	6.2	16.2	Yes	1400
4	200PM	1.4	65	91.0	9.2	6.2	16.1	Yes	400
5	245PM	0.96	65	62.4	7.6	6.2	16.9	Yes	350
6	230PM	0.87	65	56.6	8.0	6.3	17.0	Yes	500
7	1230PM	1	65	65.0	8.4	6.3	16.8	Yes	400
8	840AM	0.94	65	61.1	9.8	6.3	15.1	Yes	350
9	845AM	1.05	65	68.3	8.8	6.2	16.1	Yes	400
10	100PM	1.03	65	67.0	9.0	6.2	15.8	Yes	1500
11	300PM	1	65	65.0	9.2	6.3	15.9	Yes	450
12	300PM	1.23	65	80.0	9.2	6.5	17.4	Yes	500
13	730AM	1.17	65	76.1	8.1	6.6	19.5	Yes	450
14	900AM	1	65	65.0	8.4	6.6	18.6	Yes	400
15	900AM	1.11	65	72.2	9.0	6.5	17.6	Yes	450
16	240PM	1.18	65	76.7	10.6	6.1	14.2	Yes	500
17	900AM	1.1	65	71.5	10.5	6.2	14.4	Yes	1500
18	900AM	1.13	65	73.5	11.0	6.2	13.9	Yes	500
19	1020AM	0.83	65	54.0	10.6	6.3	14.2	Yes	400
20	1025AM	0.81	65	52.7	10.2	6.6	16.0	Yes	450
21	730AM	0.9	65	58.5	9.4	6.7	17.7	Yes	400
22	830AM	0.84	65	54.6	10.5	6.7	16.5	Yes	450
23	900AM	0.75	65	48.8	11.0	6.6	15.6	Yes	500
24	300PM	0.81	65	52.7	11.1	6.3	14.0	Yes	1500
25	330PM	0.6	65	39.0	10.0	6.7	16.7	Yes	500
26	300PM	0.81	65	52.7	11.3	6.2	13.2	Yes	450
27	12:00 AM	0.81	65	52.7	11.0	6.2	13.3	Yes	500
28	1130AM	0.78	65	51.6	10.8	6.8	16.5	Yes	450
29			65					No	
30			65					No	
31			65					No	

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

Revised October 2013