

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

County: **Yamhill**
 Month/Year: **Mar-25**

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	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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:** *4-2-25*
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 = Individ. 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: Mar-25

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	1100am	0.62	65	40.3	10.9	6.4	14.1	Yes	120
2	300pm	0.63	65	41.0	10.4	6.4	14.5	Yes	80
3	900PM	0.64	65	41.6	10.7	6.4	14.3	Yes	180
4	330PM	0.64	65	41.6	10.5	6.5	15.0	Yes	120
5	100PM	0.64	65	41.6	10.7	6.3	14.0	Yes	200
6	600PM	0.64	65	41.6	10.6	6.3	14.1	Yes	180
7	700PM	0.65	65	42.3	10.4	6.3	14.3	Yes	260
8	600PM	0.64	65	41.6	10.9	6.4	14.3	Yes	40
9	1100PM	0.65	65	42.3	11.4	6.4	13.8	Yes	40
10	900AM	0.62	65	40.3	11.6	6.5	14.3	Yes	60
11	1100PM	0.68	65	44.2	11.4	7.1	17.3	Yes	200
12	1200PM	0.66	65	42.9	10.9	6.8	16.4	Yes	80
13	1100PM	0.66	65	42.9	10.8	6.6	15.4	Yes	180
14	800PM	0.66	65	42.9	10.9	6.8	16.2	Yes	180
15	800PM	0.68	65	44.2	11.4	6.5	14.3	Yes	30
16	700PM	0.6	65	39.0	11.4	6.5	14.2	Yes	30
17	400PM	0.66	65	42.9	10.4	6.3	14.5	Yes	30
18	800AM	0.66	65	42.9	11.5	6.8	15.6	Yes	120
19	800AM	0.7	65	45.5	10.5	6.5	15.3	Yes	190
20	800AM	0.66	65	42.9	10.2	6.3	14.5	Yes	40
21	700PM	0.7	65	45.5	11.1	7.1	18.2	Yes	30
22	900PM	0.66	65	42.9	10.5	6.8	16.9	Yes	30
23	1100PM	0.68	65	44.2	11.1	6.8	16.4	Yes	20
24	600PM	0.6	65	39.0	11.5	6.4	13.6	Yes	80
25	1100PM	0.64	65	41.6	12.8	6.9	14.3	Yes	120
26	100PM	0.58	65	37.7	12.6	6.6	13.2	Yes	180
27	1100PM	0.6	65	39.0	10.7	6.3	13.9	Yes	180
28	800PM	0.72	65	46.8	12.2	6.8	15.0	Yes	180
29	1100PM	0.58	65	37.7	11.8	6.3	13.2	Yes	30
30	600PM	0.58	65	37.7	11.7	6.4	13.3	Yes	30
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