OHA - Drinking Water Services -Turbidity Monitoring Report Form								Yamhill
Conventional or Direct Filtration							Month/Year:	Apr-25
System Name:		ity of Sheri			00811	_		WTP-A
Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the	
1	[NTU]	[NTU]	[NTU]	NTU]	[NTU]	[NTU]	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	0.160	OFF	OFF	OFF	0.160	
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
18	OFF	OFF	OFF	OFF	OFF	OFF	C)FF
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	0.225	0.200	OFF	OFF	0.225	
23	OFF	OFF	0.165	0.182	OFF	OFF	0.182	
24	OFF	OFF	0.175	OFF	OFF	OFF	0.175	
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	0.097	OFF	OFF	OFF	0.	097
29	OFF	OFF	OFF	OFF	OFF	OFF	. 0	FF
30	OFF	OFF	OFF	OFF	OFF	OFF	0	FF
31								
		al or Direct	DESCRIPTION OF THE OWNER OF THE OWNER.		Monthly Summary (Answer Yes or No)			
95% of 4-hour turbidity readings ≤ 0.3 NTU? Ves / No					CT's met everyday?		All Cl2 resid	dual at entry
All 4-hour turbidity readings ≤ 1 NTU? Ves / I					(see back) point ≥ 0.2			
All turbidity readings < IFE² triggers √ Yes / N						/ No	V Yes / No	
Notes:				N 87 PRESTO		. 110		
				CIONATURE & O O O O				
				SIGNATURE: Say S. Jafe DATE: 5-1-25				

PHONE #: 541-206-3976 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))

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OHA - Drinking Water Program - Surface Water Quality Data Form WTP - :										
System Name: City of Sheridan							rata i oiiii	Disinfection	WTP-A	
Syste	m Name:	City of She	ridan	ID#: 41 00	811	Month/Year:	Apr-25	Giardia Log	0.5	
Inactiv:										
		Minimum								
Date	Time	Cl ₂ Residual at	Contact Time	Actual CT	T	(Y	Required	3	Peak Hourly	
Bate	Tille	1st User ((T)	Actual CT	Temp	pН	ĊT	CT Met? 3	Demand Flow	
		C) ³	(-)							
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	(ODM)	
1	900PM	0.42	65	27.3	12.3	6.5	13.3		[GPM]	
2	1100PM	0.46	65	29.9	11.4	6.3	13.0	Yes	160	
3	100PM	0.44	65	28.6	11.2	6.3	13.2	Yes	170	
4	1100PM	0.6	65	39.0	10.9	6.9	16.6	Yes	180	
5	900AM	0.59	65	38.4	11.8	6.4	13.4	Yes Yes	110	
6	1100PM	0.64	65	41.6	11.6	6.7	14.9		60	
7	900AM	0.6	65	39.0	11.0	6.6	15.3	Yes	40	
8	1000PM	0.62	65	40.3	13.8	6.8	12.9	Yes	100	
9	1000AM	0.59	65	38.4	12.4	6.4	13.1	Yes	30	
10	900PM	0.62	65	40.3	11.2	6.4	14.1	Yes	260	
11	1100AM	0.6	65	39.0	10.9	6.4	14.1	Yes Yes	50	
12	1100PM	0.61	65	39.7	11.4	6.5	14.4	Yes	<u>40</u>	
13	600AM	0.6	65	39.0	10.9	6.4	14.2	Yes	50	
14	100AM	0.62	65	40.3	11.4	6.5	14.4	Yes	50 40	
15	300PM	0.59	65	38.4	11.0	6.4	13.9	Yes	150	
16	900PM	0.6	65	39.0	13.1	6.4	11.8	Yes	50	
17	900PM	0.59	65	38.4	13.5	6.4	11.3	Yes	190	
18	600PM	0.62	65	40.3	14.4	6.8	12.6	Yes	50	
19	600PM	0.6	65	39.0	12.3	6.4	12.9	Yes	50	
20	1000PM	0.62	65	40.3	12.3	6.4	12.9	Yes	50	
21	300AM	0.62	65	40.3	10.8	6.3	13.9	Yes	50	
22	600PM	0.59	65	38.4	14.8	6.4	10.6	Yes	260	
23	1200PM	0.7	65	45.5	11.0	6.4	14.1	Yes	260	
24	300PM	0.6	65	39.0	13.7	6.6	12.1	Yes	480	
25	1000PM	8.0	65	52.0	14.7	6.9	13.0	Yes	180	
26	300PM	0.89	65	57.9	13.6	6.6	12.5	Yes	160	
27	300PM	0.82	65	53.3	12.5	6.7	14.1	Yes	50	
28	1100PM	0.8	65	52.0	14.6	6.9	13.3	Yes	260	
29	300PM	0.78	65	50.7	14.0	6.7	12.7	Yes	60	
30	500AM	0.8	65	52.0	15.1	6.8	12.4	Yes	290	
31	3 15 01 -1		65					No		

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

Revised October 2013