

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

County: **Yamhill**
 Month/Year: **Sept. 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	0.110	0.080	0.090	OFF	0.110
2	OFF	OFF	OFF	0.120	OFF	OFF	0.120
3	OFF	OFF	0.080	0.080	OFF	OFF	0.080
4	OFF	OFF	0.100	0.130	0.120	OFF	0.130
5	0.040	OFF	0.090	0.090	0.080	0.060	0.090
6	0.060	OFF	0.070	0.070	0.090	0.090	0.090
7	OFF	OFF	0.060	0.080	0.070	OFF	0.080
8	OFF	OFF	0.055	0.055	0.055	OFF	0.055
9	OFF	OFF	0.060	0.060	0.050	0.060	0.060
10	OFF	OFF	0.060	0.055	0.055	0.055	0.060
11	OFF	OFF	0.060	0.060	0.060	0.060	0.060
12	OFF	OFF	0.050	0.050	0.090	0.070	0.070
13	OFF	OFF	0.050	0.120	0.070	0.070	0.120
14	OFF	OFF	0.060	0.100	0.090	0.060	0.100
15	OFF	OFF	0.060	0.060	0.060	0.090	0.090
16	OFF	OFF	0.070	0.070	0.110	0.070	0.110
17	OFF	OFF	0.060	0.060	0.090	0.060	0.090
18	OFF	OFF	0.060	0.060	0.060	0.090	0.090
19	OFF	OFF	0.050	0.050	0.070	0.060	0.070
20	OFF	OFF	0.050	0.050	0.055	0.055	0.055
21	OFF	OFF	0.055	0.055	0.070	0.070	0.070
22	OFF	OFF	0.055	0.055	0.100	0.060	0.100
23	OFF	OFF	0.100	0.060	0.060	0.070	0.100
24	OFF	OFF	0.050	0.050	0.060	0.070	0.070
25	OFF	OFF	0.055	0.060	0.060	0.070	0.070
26	OFF	OFF	0.055	0.060	0.060	0.070	0.070
27	OFF	OFF	0.060	0.055	0.100	0.060	0.100
28	OFF	OFF	0.055	0.060	0.100	0.070	0.100
29	OFF	OFF	0.070	0.070	0.090	OFF	0.090
30	OFF	OFF	0.060	0.060	OFF	OFF	0.060
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: 

DATE: 10-1-25

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: Sept. 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	954AM	0.414	65	26.9	21.2	7.5	10.0	Yes	437
2	848AM	0.453	65	29.4	21.9	7.5	9.5	Yes	272
3	1046AM	0.424	65	27.6	21.4	7.5	10.1	Yes	260
4	838AM	0.443	65	28.8	21.6	7.5	9.9	Yes	388
5	1039AM	0.434	65	28.2	21.6	7.5	9.8	Yes	370
6	406PM	0.426	65	27.7	21.2	7.4	9.8	Yes	272
7	849AM	0.5	65	32.5	21.2	7.4	9.7	Yes	284
8	131PM	0.447	65	29.1	21.0	7.3	9.6	Yes	272
9	854AM	0.476	65	30.9	21.1	7.4	9.8	Yes	296
10	1120AM	0.467	65	30.4	21.1	7.4	9.8	Yes	425
11	854AM	0.476	65	30.9	20.5	7.3	10.0	Yes	400
12	835AM	0.447	65	29.1	20.4	7.3	10.0	Yes	406
13	1010AM	0.518	65	33.7	20.4	7.3	10.1	Yes	278
14	1116AM	0.509	65	33.1	20.2	7.3	10.2	Yes	296
15	1226PM	0.518	65	33.7	19.7	7.3	10.5	Yes	425
16	418AM	0.486	65	31.6	20.0	7.3	10.2	Yes	333
17	448PM	0.559	65	36.3	20.0	7.2	10.1	Yes	321
18	1040AM	0.476	65	30.9	19.5	7.2	10.3	Yes	339
19	116PM	0.476	65	30.9	19.9	7.3	10.2	Yes	321
20	1135AM	0.486	65	31.6	19.5	7.3	10.6	Yes	321
21	1125AM	0.486	65	31.6	19.0	7.3	11.1	Yes	327
22	633AM	0.487	65	31.7	18.3	7.3	11.7	Yes	327
23	1241PM	0.529	65	34.4	18.6	7.3	11.4	Yes	327
24	653AM	0.529	65	34.4	18.5	7.3	11.4	Yes	339
25	648AM	0.56	65	36.4	18.1	7.3	11.7	Yes	321
26	859AM	0.487	65	31.7	17.7	7.3	11.8	Yes	339
27	854AM	0.519	65	33.7	17.3	7.3	12.4	Yes	327
28	914AM	0.468	65	30.4	17.5	7.4	12.4	Yes	339
29	708AM	0.501	65	32.6	17.2	7.3	12.4	Yes	455
30	411AM	0.487	65	31.7	16.4	7.3	13.2	Yes	412
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