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

County: Yamhill
Month/Year: Oct. 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	0.075	0.120	OFF	OFF	0.120
2	OFF	OFF	0.090	0.075	OFF	OFF	0.090
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	0.080	0.080	0.090	OFF	0.090
7	OFF	OFF	0.120	0.060	0.050	OFF	0.120
8	OFF	OFF	0.100	0.055	0.060	OFF	0.100
9	OFF	OFF	0.125	0.100	0.095	OFF	0.125
10	OFF	OFF	0.060	0.100	OFF	OFF	0.100
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	0.065	OFF	OFF	0.065
14	OFF	OFF	0.070	0.070	0.070	OFF	0.070
15	OFF	OFF	0.060	0.090	OFF	OFF	0.090
16	OFF	OFF	0.110	0.090	OFF	OFF	0.110
17	OFF	OFF	0.210	0.140	OFF	OFF	0.210
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	0.050	0.050	OFF	OFF	0.050
21	OFF	OFF	0.030	0.040	OFF	OFF	0.040
22	OFF	OFF	0.050	0.050	OFF	OFF	0.050
23	OFF	OFF	0.180	0.050	0.170	OFF	0.180
24	OFF	OFF	0.070	0.090	OFF	OFF	0.090
25	OFF	OFF	0.140	OFF	OFF	OFF	0.140
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	0.050	0.060	OFF	OFF	0.060
28	OFF	OFF	0.040	0.060	0.030	OFF	0.060
29	OFF	OFF	0.050	OFF	0.040	OFF	0.050
30	OFF	OFF	0.110	OFF	0.060	OFF	0.110
31	OFF	OFF	0.090	OFF	OFF	OFF	0.090

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	√ Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	√ Yes / No		
All turbidity readings < IFE[2] triggers	√ Yes / No	√ Yes / No	√ Yes / No

Notes:

PRINTED NAME: Lonny S. Sayles
SIGNATURE: L. Sayles **DATE:** 11-3-25
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
Disinfection *Giardia* Log Inactiv:	0.5

System Name: City of Sheridan **ID#:** 41 00811 **Month/Year:** Oct. 2025

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	557PM	0.457	65	29.7	16.4	7.3	13.1	Yes	321
2	306AM	0.436	65	28.3	16.1	7.3	13.1	Yes	260
3	553AM	0.469	65	30.5	15.8	7.3	13.8	Yes	229
4	533AM	0.449	65	29.2	15.4	7.2	13.4	Yes	296
5	533AM	0.449	65	29.2	15.4	7.2	13.4	Yes	357
6	342AM	0.4	65	26.0	15.3	7.2	13.4	Yes	46
7	829PM	0.435	65	28.3	15.2	7.2	13.5	Yes	296
8	106AM	0.387	65	25.2	15.3	7.2	13.3	Yes	425
9	448AM	0.369	65	24.0	14.5	7.2	14.0	Yes	363
10	342AM	0.342	65	22.2	14.3	7.2	14.2	Yes	357
11	528AM	0.378	65	24.6	13.9	7.2	14.7	Yes	40
12	453AM	0.33	65	21.5	13.6	7.2	15.1	Yes	315
13	1040AM	0.331	65	21.5	13.1	7.2	15.6	Yes	296
14	553AM	0.302	65	19.6	13.4	7.2	15.3	Yes	382
15	704AM	0.664	65	43.2	12.7	7.2	16.5	Yes	144
16	241AM	0.662	65	43.0	12.7	7.2	16.6	Yes	327
17	417AM	0.662	65	43.0	12.5	7.2	16.7	Yes	370
18	653AM	0.641	65	41.7	12.0	7.2	17.6	Yes	284
19	542AM	0.671	65	43.6	12.1	7.2	17.5	Yes	46
20	326AM	0.613	65	39.8	12.1	7.3	18.0	Yes	138
21	542AM	0.663	65	43.1	11.8	7.3	18.1	Yes	327
22	612AM	0.612	65	39.8	11.7	7.2	17.6	Yes	315
23	924AM	0.603	65	39.2	11.7	7.2	17.6	Yes	412
24	417AM	0.553	65	35.9	11.6	7.1	17.3	Yes	247
25	628AM	0.614	65	39.9	11.3	7.1	17.4	Yes	205
26	638AM	0.582	65	37.8	11.0	7.1	17.7	Yes	52
27	352PM	0.614	65	39.9	10.8	7.1	17.9	Yes	302
28	648AM	0.573	65	37.2	10.7	7.1	18.0	Yes	345
29	623AM	0.623	65	40.5	10.8	7.0	17.7	Yes	211
30	713AM	0.591	65	38.4	10.5	7.0	18.0	Yes	284
31	653AM	0.691	65	44.9	10.1	7.0	18.6	Yes	266

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013