

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

County: **Yamhill**
 Month/Year: **Jan-26**

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	0.050	OFF	OFF	OFF	0.050
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	0.030	OFF	0.030
7	OFF	OFF	0.030	OFF	OFF	OFF	0.030
8	OFF	OFF	OFF	OFF	0.050	OFF	0.050
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	0.030	0.030	0.030	OFF	0.030
21	OFF	OFF	OFF	OFF	0.030	OFF	0.030
22	OFF	OFF	OFF	0.030	OFF	OFF	0.030
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	0.030	OFF	OFF	0.030
26	OFF	OFF	0.280	0.030	0.030	OFF	0.280
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	0.030	0.030	OFF	0.030
29	OFF	OFF	OFF	0.035	0.030	OFF	0.035
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	0.030	OFF	OFF	0.030

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? **✓ Yes / No**
 All 4-hour turbidity readings ≤ 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 ≥ 0.2 mg/l?
✓ Yes / No

Notes:

PRINTED NAME: **Lonny S. Sayles**
 SIGNATURE: *[Signature]* DATE: **2-2-26**
 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: **Jan-26**

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	621AM	0.909	65	59.1	7.6	6.7	20.3	Yes	21
2	942AM	0.822	65	53.4	7.8	6.8	20.1	Yes	25
3	1033PM	0.908	65	59.0	8.0	6.8	20.0	Yes	21
4	852AM	0.887	65	57.7	8.0	6.8	19.9	Yes	27
5	1153AM	0.9	65	58.5	8.1	6.8	19.9	Yes	205
6	1248PM	0.822	65	53.4	7.8	6.8	20.4	Yes	241
7	339AM	0.741	65	48.2	7.8	6.8	20.2	Yes	217
8	801AM	0.822	65	53.4	7.8	6.8	20.1	Yes	158
9	1002PM	0.838	65	54.5	7.7	6.7	20.0	Yes	15
10	440AM	0.831	65	54.0	7.3	6.7	20.5	Yes	15
11	1017PM	0.86	65	55.9	7.7	6.7	20.1	Yes	21
12	344PM	0.821	65	53.4	8.1	6.7	19.5	Yes	89
13	751PM	0.85	65	55.3	7.8	6.7	19.9	Yes	55
14	159PM	0.83	65	54.0	7.6	6.7	20.1	Yes	101
15	450PM	0.849	65	55.2	8.1	6.7	19.5	Yes	101
16	300PM	0.829	65	53.9	8.1	6.7	19.5	Yes	76
17	1052PM	0.838	65	54.5	8.0	6.7	19.6	Yes	21
18	455PM	0.829	65	53.9	7.8	6.8	20.0	Yes	40
19	1007PM	0.83	65	54.0	7.8	6.8	20.1	Yes	27
20	320PM	0.803	65	52.2	7.6	6.8	20.9	Yes	260
21	651AM	0.937	65	60.9	7.3	6.9	21.7	Yes	254
22	621AM	0.938	65	61.0	7.1	6.9	22.3	Yes	223
23	1118PM	0.949	65	61.7	7.1	6.9	22.3	Yes	229
24	1203AM	0.949	65	61.7	7.0	6.9	22.5	Yes	34
25	1138PM	0.918	65	59.7	6.9	6.9	22.6	Yes	260
26	1037AM	0.862	65	56.0	6.6	7.0	23.8	Yes	272
27	1112PM	0.9	65	58.5	7.0	6.9	22.4	Yes	40
28	1208AM	0.909	65	59.1	6.9	6.9	22.9	Yes	266
29	1233PM	0.908	65	59.0	7.1	7.0	22.7	Yes	363
30	1022AM	0.917	65	59.6	7.2	6.9	22.5	Yes	52
31	1107PM	0.917	65	59.6	7.2	6.9	22.4	Yes	235

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

Revised October 2013