

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

County: **MARION**
 Month/Year: **Oct-21**

System Name: **SILVERTON, CITY OF** ID#: **4100823** WTP: **TP - 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	0.03	0.03	OFF	0.02	0.06
2	OFF	OFF	0.03	0.02	OFF	0.02	0.04
3	OFF	OFF	0.03	0.02	OFF	0.02	0.09
4	OFF	OFF	0.03	0.02	0.02	0.02	0.06
5	0.02	OFF	0.02	0.03	OFF	0.02	0.03
6	OFF	0.02	0.02	0.02	OFF	0.02	0.03
7	0.02	OFF	0.02	0.02	OFF	0.02	0.03
8	OFF	OFF	0.03	0.04	OFF	0.21	0.21
9	OFF	OFF	OFF	0.05	0.03	0.11	0.24
10	0.10	0.06	0.12	0.04	0.03	0.03	0.12
11	0.03	0.13	0.29	0.05	0.05	0.07	0.29
12	0.12	0.19	0.27	0.17	0.08	0.10	0.27
13	0.11	0.08	0.08	0.08	0.09	0.06	0.24
14	0.06	0.04	0.03	OFF	OFF	0.03	0.04
15	OFF	OFF	0.03	0.04	0.05	0.05	0.06
16	OFF	OFF	0.03	0.04	0.04	0.04	0.07
17	OFF	OFF	0.03	0.03	0.03	0.03	0.05
18	0.03	OFF	0.02	OFF	0.02	0.02	0.07
19	OFF	OFF	0.02	OFF	0.02	0.02	0.06
20	0.02	OFF	0.02	OFF	0.02	0.02	0.03
21	OFF	OFF	0.02	OFF	OFF	0.02	0.05
22	OFF	OFF	0.03	OFF	OFF	0.02	0.06
23	OFF	OFF	0.03	OFF	0.03	OFF	0.06
24	0.03	OFF	0.03	0.02	OFF	0.03	0.09
25	OFF	OFF	0.03	OFF	0.04	0.04	0.06
26	OFF	OFF	0.04	OFF	OFF	0.03	0.07
27	0.03	0.03	0.04	OFF	OFF	0.06	0.11
28	0.05	OFF	0.04	0.05	0.05	0.10	0.25
29	OFF	OFF	0.04	OFF	OFF	0.03	0.06
30	OFF	OFF	0.03	0.04	OFF	0.05	0.06
31	OFF	OFF	0.05	0.05	OFF	0.06	0.08

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

Notes:

PRINTED NAME: **Guy Davis**

SIGNATURE: *[Signature]* DATE: **11/01/21**

PHONE #: **(503) 873-5437** CERT #: **7126**

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	SILVERTON, CITY OF	ID#: 41	00823	Month/Year:	Oct-21	Disinfection <i>Giardia</i> Log Inactiv:	1
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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 / 16:42	0.44	487	214.3	14.5	7.79	35.4	YES	1191
2 / 11:54	0.58	503	291.7	14.5	7.81	36.2	YES	1061
3 / 12:10	0.59	505	298.0	14.5	7.77	35.7	YES	743
4 / 13:00	0.59	479	282.6	14.0	8.17	42.8	YES	931
5 / 0:33	0.59	473	279.1	13.5	7.54	35.1	YES	970
6 / 18:52	0.85	505	429.3	13.5	7.68	38.1	YES	912
7 / 12:16	0.68	496	337.3	13.0	8.06	44.4	YES	1211
8 / 11:44	0.73	523	381.8	13.0	7.57	37.3	YES	814
9 / 9:44	0.68	821	558.3	12.0	7.51	39.0	YES	1274
10 / 12:42	0.72	942	678.2	12.5	8.32	50.7	YES	769
11 / 16:30	0.64	728	465.9	12.0	8.42	53.5	YES	860
12 / 10:40	0.74	334	247.2	12.0	8.43	54.4	YES	1941
13 / 11:54	0.87	448	389.8	10.5	6.88	35.3	YES	2214
14 / 15:38	0.86	547	470.4	11.0	6.77	32.9	YES	1804
15 / 12:35	0.84	466	391.4	10.5	6.81	34.4	YES	794
16 / 19:39	1	509	509.0	10.5	6.74	34.2	YES	821
17 / 0:00	1	503	503.0	10.5	6.76	34.4	YES	736
18 / 8:56	1	485	485.0	10.5	7.18	39.8	YES	814
19 / 0:00	1	501	501.0	11.0	7.32	40.4	YES	788
20 / 2:05	0.97	502	486.9	11.5	7.49	41.4	YES	1817
21 / 6:45	0.92	513	472.0	11.5	7.27	38.1	YES	779
22 / 6:42	0.83	544	451.5	12.0	7.54	40.1	YES	808
23 / 5:55	0.72	515	370.8	12.5	7.49	37.4	YES	730
24 / 7:20	0.73	537	392.0	12.2	7.69	41.2	YES	730
25 / 18:23	0.72	521	375.1	12.0	7.56	39.9	YES	703
26 / 2:36	0.78	490	382.2	12.0	7.47	38.9	YES	1068
27 / 2:30	0.78	502	391.6	12.0	7.49	39.2	YES	797
28 / 17:57	0.75	501	375.8	12.0	7.15	34.7	YES	760
29 / 23:30	0.72	505	363.6	12.0	7.83	43.8	YES	782
30 / 10:37	0.73	449	327.8	12.0	8.22	50.4	YES	749
31 / 12:36	0.73	480	350.4	12.0	7.37	37.4	YES	814

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

Revised October 2013