

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

County: Douglas

**System Name: Sutherlin, City of ID# OR4100847**      **WTP: WTP-A**      **Month/Year: September, 2021**

Nonpariel							
Day	12 AM NTU	4 AM NTU	8 AM NTU	Noon NTU	4 PM NTU	8 PM NTU	<sup>1</sup> Highest Reading of the Day NTU
1	0.03	0.04	0.05	0.05	0.04	0.03	0.10
2	0.03	0.03	0.04	0.04	0.03	0.03	0.05
3	0.03	0.03	0.05	0.04	0.03	0.03	0.07
4	0.03	0.03	0.03	0.03	0.03	0.04	0.06
5	0.03	0.03	0.03	0.04	0.03	0.03	0.05
6	0.03	0.03	0.03	0.03	0.03	0.03	0.04
7	0.03	0.03	0.04	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.05
10	0.03	0.03	0.04	0.03	0.03	0.03	0.05
11	0.03	0.03	0.04	0.04	0.04	0.04	0.05
12	0.03	0.04	0.04	0.04	0.04	0.04	0.05
13	0.04	0.04	0.04	0.05	0.04	0.04	0.18
14	OFF	0.05	0.04	0.04	OFF	0.04	0.06
15	0.04	OFF	0.04	0.04	0.04	0.04	0.07
16	0.04	OFF	0.04	0.04	0.04	OFF	0.07
17	0.04	0.04	0.04	0.04	0.04	0.04	0.04
18	0.04	OFF	0.05	0.05	OFF	OFF	0.09
19	0.06	OFF	0.08	OFF	OFF	0.06	0.10
20	0.06	OFF	0.06	0.05	0.07	0.07	0.12
21	OFF	0.13	OFF	0.05	0.05	0.07	0.24
22	OFF	0.09	0.13	0.04	OFF	0.05	0.20
23	0.05	0.06	0.09	0.04	0.03	OFF	0.09
24	0.04	0.04	0.04	0.04	OFF	0.03	0.05
25	0.03	0.03	0.04	0.03	0.03	OFF	0.06
26	0.03	0.03	0.04	0.03	0.03	OFF	0.06
27	OFF	OFF	0.03	OFF	0.03	0.03	0.05
28	OFF	0.04	0.05	0.07	OFF	0.05	0.12
29	0.12	OFF	0.19	0.08	0.05	OFF	0.19
30	0.07	0.10	OFF	0.04	0.07	OFF	0.20

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity reading $\leq$ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? <input checked="" type="radio"/> Yes <input type="radio"/> No (see back)	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
All the 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No	Notes:	
Printed Name: <u>John Bachman</u>		Signature: <u>[Signature]</u>	
Date: <u>10/5/21</u>		Phone #: <u>(541) 459 5768</u>	
Cert #: <u>6900</u>			

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.      <sup>2</sup> IFE = Individual Filter Effluent. (OAR 333-061-0040(1)(e)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

Sutherlin, City of		ID# OR4100847		WTP: WTP-A Month/Year: September/2021			Required Log Inactivation: 1.0	
Nonpariel								
Date/ Time	Minimum CL <sub>2</sub> Residual at 1st user (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp.	pH	Required CT	CT Met <sup>3</sup>	Peak Hourly Demand Flow
	PPM or MG/L	Minutes	C x T	° C		Use Tables	Y/N	[GPM]
1/ 9:00	1.4	50.9	71.26	19	7.36	31	YES	1260
2/ 8:00	1.7	50.9	86.53	18	7.13	33	YES	1260
3/ 8:45	1.5	50.9	76.35	18	6.89	26	YES	1260
4/ 10:15	1.6	50.9	81.44	18	7.05	32	YES	1260
5/ 11:00	1.5	50.9	76.35	21	7.24	24	YES	1260
6/ 9:15	1.7	50.9	86.53	19	7.24	33	YES	1260
7/ 8:30	1.5	50.9	76.35	19	7.25	32	YES	1260
8/ 8:15	1.3	50.9	66.17	20	7.08	23	YES	1260
9/ 8:15	1.5	50.9	76.35	20	7.19	24	YES	1260
10/ 8:30	1.6	50.9	81.44	21	7.23	24	YES	1260
11/ 9:30	1.4	50.9	71.26	19	7.00	26	YES	1260
12/ 10:30	1.4	50.9	71.26	19	7.15	31	YES	1260
13/ 8:30	1.6	50.9	81.44	19	7.09	32	YES	1260
14/ 8:45	1.5	50.9	76.35	18	7.14	32	YES	1260
15/ 8:45	1.5	50.9	76.35	18	7.14	32	YES	1260
16/ 8:30	1.6	50.9	81.44	18	7.07	32	YES	1260
17/ 9:00	1.5	50.9	76.35	16	7.19	32	YES	1260
18/ 10:00	1.6	50.9	81.44	17	7.00	26	YES	1260
19/ 9:00	1.4	50.9	71.26	16	6.81	26	YES	1260
20/ 8:30	1.4	50.9	71.26	15	6.84	26	YES	1260
21/ 9:30	1.6	50.9	81.44	15	6.98	26	YES	1260
22/ 8:15	1.4	50.9	71.26	16	7.05	31	YES	1260
23/ 8:45	1.5	50.9	76.35	17	6.86	26	YES	1260
24/ 8:45	1.4	50.9	71.26	17	7.09	31	YES	1260
25/ 9:45	1.6	50.9	81.44	17	6.93	26	YES	1260
26/ 11:45	1.6	50.9	81.44	18	7.02	32	YES	1260
27/ 9:00	1.5	50.9	76.35	19	6.97	26	YES	1260
28/ 8:00	1.4	50.9	71.26	15	6.64	26	YES	1260
29/ 8:00	1.6	50.9	81.44	14	6.86	40	YES	1260
30/ 7:45	1.5	50.9	76.35	14	7.03	48	YES	1260

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.