

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

County: Douglas

<b>System Name: Sutherlin, City of ID# OR4100847</b>				<b>WTP: WTP-A MONTH/YEAR</b>		<b>February/2023</b>			
<b>Nonpariel</b>									
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	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
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	OFF	OFF	OFF		
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
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	OFF	OFF	OFF	OFF	OFF		
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF		
<b>Conventional or Direct Filtration</b>				<b>Monthly Summary (Answer Yes or No)</b>					
95% of the 4-hour turbidity reading ≤ 0.3 NTU? <b>Yes / No</b>				CT's met everyday? <b>(see back)</b>		All Cl <sub>2</sub> residual at entry point ≥ 0.2mg/l? <b>Yes / No</b>			
All the 4-hour turbidity readings ≤ 1 NTU? <b>Yes / No</b>				<b>Yes / No</b>					
All turbidity readings < IFE <sup>2</sup> triggers? <b>Yes / No<sup>2</sup></b>									
<b>Notes:</b>				<b>Printed Name:</b> <u>Brian Elliott</u>					
				<b>Signature:</b> <u>Brian Elliott</u>			<b>Date:</b> <u>3-6-2023</u>		
				<b>Phone #:</b> <u>(541) 430-9772</u>			<b>Cert #:</b> <u>2691</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 February, 2023**                      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/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
2/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
3/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
4/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
5/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
6/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
7/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
8/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
9/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
10/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
11/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
12/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
13/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
14/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
15/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
16/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
17/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
18/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
19/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
20/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
21/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
22/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
23/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
24/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
25/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
26/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
27/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
28/	OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF

<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.