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

**County: Douglas** 

Systei	m Name: S	utherlin, C	ity of ID# OF	R4100847	WTP: WTP-A	MONTH/YEAR	May/2023	
				Nonpari	ei			
	12 AM NTU	4 AM NTU	8 AM NTU	Noon NTU	4 PM NTU	8 PM NTU	<sup>1</sup> Highest Reading o the Day	
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	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
01				<del>                                     </del>				
95% of the 4-hour turbidity reading ≤ 0.3 NT Yes No					net everyday?	mmary (Answer Yes or No)  All Cl₂ residual attentry point ≥ 0.2mg/l?		
	•	adings ≤ 1 NTU?	(Yes) No		e back) s No	(Yes) No		
All turbidi Notes:	ity readings < IFE	E² triggers?	Yes) No <sup>2</sup>	Drintad Name		ELL ST		
				Signature:	BRIAN T	Date: 6 - 8 - 202 2		
				Phone #: (541) 430 - 9772			Date: 6-8-2023 Cert#: 2691	

<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.

2 IFE = Individual Filter Effluent. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

Sutherli	n, City of	ID# OR4100	)847	WTP: WTP-A	MONTH/YEA	R: May/20	)23	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.	рН	Required CT	CT Met <sup>3</sup>	Peak Hourly Demand Flow
	PPM or MG/L	Minutes	CxT	°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
29/ OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
30/ OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF
31/ OFF	OFF	50.9	OFF	OFF	OFF	OFF	OFF	OFF

<sup>&</sup>lt;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.