

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		June/2023	
Nonpariel							
Day	12 AM NTU	4 AM NTU	8 AM NTU	Noon NTU	4 PM NTU	8 PM NTU	¹ 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
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
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"/> (see back) Yes / <input type="radio"/> No		All Cl ₂ 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 ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No							
Notes:				Printed Name: Alan Taylor			
				Signature: Alan Taylor			Date: 7/6/23
				Phone #: (541) - 459- 5768			Cert #: T08797

¹ 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

Sutherlin, City of		ID# OR4100847	WTP: WTP-A		MONTH/YEAR:	June/2023		Required Log Inactivation: 1.0
Nonpariel								
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		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

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.