

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		May/2024	
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	0.023	OFF	OFF	0.022	OFF	OFF	0.033
2	0.026	0.023	OFF	0.021	OFF	OFF	0.044
3	OFF	0.021	0.021	OFF	OFF	OFF	0.033
4	0.024	OFF	OFF	OFF	0.027	0.028	0.208
5	OFF	OFF	OFF	0.029	0.034	0.026	0.044
6	OFF	OFF	OFF	0.038	0.027	0.027	0.144
7	OFF	OFF	0.026	0.025	OFF	OFF	0.042
8	0.028	OFF	0.035	0.025	0.026	OFF	0.038
9	0.026	0.023	OFF	0.023	OFF	0.034	0.056
10	0.021	OFF	0.024	0.023	0.022	OFF	0.034
11	OFF	0.022	OFF	0.022	OFF	0.024	0.030
12	OFF	OFF	0.025	0.027	0.026	0.028	0.033
13	0.030	OFF	0.028	0.030	0.028	0.029	0.042
14	OFF	OFF	0.037	0.039	0.041	0.045	0.152
15	0.049	OFF	0.076	0.018	0.024	0.018	0.076
16	0.018	OFF	0.018	0.019	0.017	0.017	0.030
17	0.018	OFF	OFF	0.018	0.018	0.018	0.022
18	0.018	OFF	0.020	0.025	0.018	0.018	0.025
19	0.018	OFF	0.020	0.019	0.018	0.019	0.024
20	0.019	OFF	OFF	0.020	0.019	0.019	0.026
21	0.021	OFF	0.024	0.023	OFF	OFF	0.029
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
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity reading ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		All Cl ₂ residual at entry point ≥ 0.2mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No							
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No							
Notes:				Printed Name: Alan Taylor			
				Signature: Alan Taylor		Date: 6/10/24	
				Phone #: (541) 459-5768		Cert #: 8797	

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:		May/2024		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/ 10:30	1.5	50.9	76.35	12	7.21	48	Y	1400
2/ 10:10	1.5	50.9	76.35	13	7.34	48	Y	1400
3/ 10:15	1.5	50.9	76.35	12	7.20	48	Y	1400
4/ 14:30	1.5	50.9	76.35	12	6.84	40	Y	1400
5/ 11:53	1.5	50.9	76.35	12	6.94	40	Y	1400
6/ 10:45	1.5	50.9	76.35	11	7.15	48	Y	1400
7/ 10:10	1.5	50.9	76.35	12	7.14	48	Y	1400
8/ 10:30	1.5	50.9	76.35	11	7.18	48	Y	1400
9/ 10:00	1.5	50.9	76.35	13	7.33	48	Y	1400
10/ 10:15	1.6	50.9	81.44	14	7.43	48	Y	1400
11/ 11:15	1.5	50.9	76.35	15	7.42	32	Y	1400
12/ 9:44	1.5	50.9	76.35	16	7.18	32	Y	1400
13/ 9:45	1.4	50.9	71.26	15	7.29	31	Y	1400
14/ 11:35	1.4	50.9	71.26	15	7.24	31	Y	1400
15/ 10:20	1.5	50.9	76.35	16	7.24	32	Y	1400
16/ 9:15	1.5	50.9	76.35	17	7.06	32	Y	1400
17/ 9:30	1.5	50.9	76.35	17	7.21	32	Y	1400
18/ 10:50	1.5	50.9	76.35	14	7.29	48	Y	1400
19/ 9:47	1.5	50.9	76.35	15	7.22	32	Y	1400
20/ 10:11	1.5	50.9	76.35	13	7.18	48	Y	1400
21/ 12:05	1.5	50.9	76.35	13	7.25	48	Y	1400
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

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