

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		December/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	OFF	OFF	0.087	0.055	0.046	0.042	0.104
2	OFF	OFF	0.051	0.057	0.041	0.040	0.067
3	OFF	0.037	0.041	0.040	0.044	OFF	0.069
4	0.049	0.040	OFF	0.038	OFF	OFF	0.065
5	0.035	0.035	OFF	0.037	0.038	OFF	0.052
6	0.036	0.036	OFF	0.037	0.041	OFF	0.054
7	0.041	0.057	OFF	0.054	0.056	0.042	0.081
8	OFF	OFF	0.057	0.067	0.045	0.083	0.134
9	OFF	OFF	0.118	0.058	0.055	0.053	0.118
10	OFF	OFF	OFF	0.107	0.057	0.056	0.130
11	0.059	OFF	0.064	0.023	0.021	0.019	0.064
12	0.022	OFF	0.020	0.021	0.020	0.019	0.053
13	OFF	OFF	0.034	0.025	0.022	0.019	0.046
14	OFF	OFF	0.037	0.031	0.028	0.025	0.183
15	OFF	OFF	0.031	0.030	0.088	0.076	0.143
16	0.059	0.043	OFF	0.060	0.027	0.029	0.100
17	0.033	OFF	0.028	0.027	0.026	OFF	0.113
18	OFF	OFF	0.043	0.027	0.024	OFF	0.066
19	0.077	0.030	OFF	0.023	0.021	OFF	0.077
20	0.021	0.024	OFF	0.026	OFF	OFF	0.048
21	0.023	0.025	OFF	0.033	0.023	OFF	0.047
22	OFF	OFF	0.047	0.031	0.029	0.027	0.274
23	0.027	OFF	0.038	0.034	0.035	0.034	0.065
24	OFF	OFF	OFF	0.102	0.048	0.056	0.181
25	0.092	OFF	OFF	0.055	0.065	0.066	0.210
26	OFF	OFF	OFF	0.134	0.084	OFF	0.227
27	0.149	0.108	0.104	0.108	0.046	0.049	0.262
28	OFF	OFF	OFF	0.030	0.023	0.025	0.179
29	0.026	OFF	OFF	OFF	0.046	0.081	0.196
30	0.035	OFF	OFF	0.059	0.040	0.044	0.280
31	0.057	OFF	OFF	0.037	0.030	0.026	0.116
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity reading \leq 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 \geq 0.2mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
All the 4-hour turbidity readings \leq 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 ²							
Notes:				Printed Name: Alan Taylor			
				Signature: Alan Taylor			Date: 1/6/25
				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:	December/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	YES/NO	[GPM]
1/ 11:00	1.6	50.9	81.44	9	7.09	64	YES	1400
2/ 9:30	1.7	50.9	86.53	7	7.22	65	YES	1400
3/ 10:00	1.6	50.9	81.44	8	6.94	53	YES	1400
4/ 9:10	1.5	50.9	76.35	8	6.92	53	YES	1400
5/ 9:30	1.6	50.9	81.44	7	6.95	53	YES	1400
6/ 9:45	1.5	50.9	76.35	9	6.95	53	YES	1400
7/ 12:30	1.4	50.9	71.26	9	6.91	52	YES	1400
8/ 10:45	1.5	50.9	76.35	10	6.97	40	YES	1400
9/ 11:30	1.5	50.9	76.35	10	7.20	48	YES	1400
10/ 9:15	1.6	50.9	81.44	8	7.25	64	YES	1400
11/ 9:20	1.4	50.9	71.26	8	6.99	52	YES	1400
12/ 9:15	1.5	50.9	76.35	9	6.96	53	YES	1400
13/ 9:00	1.6	50.9	81.44	10	6.92	40	YES	1400
14/ 9:45	1.5	50.9	76.35	9	6.87	53	YES	1400
15/ 10:00	1.7	50.9	86.53	11	6.86	41	YES	1400
16/ 10:05	1.6	50.9	81.44	11	6.87	40	YES	1400
17/ 9:30	1.4	50.9	71.26	11	6.85	39	YES	1400
18/ 8:50	1.6	50.9	81.44	12	6.83	40	YES	1400
19/ 10:45	1.6	50.9	81.44	11	6.92	40	YES	1400
20/ 13:49	1.7	50.9	86.53	11	6.71	41	YES	1400
21/ 1:15	1.6	50.9	81.44	11	6.77	40	YES	1400
22/ 11:30	1.6	50.9	81.44	12	6.94	40	YES	1400
23/ 10:20	1.6	50.9	81.44	12	7.12	48	YES	1400
24/ 12:15	1.4	50.9	71.26	11	6.78	39	YES	1400
25/ 11:00	1.5	50.9	76.35	11	6.81	40	YES	1400
26/ 12:21	1.6	50.9	81.44	11	6.83	40	YES	1400
27/ 8:58	1.6	50.9	81.44	13	6.82	40	YES	1400
28/ 11:45	1.4	50.9	71.26	12	6.89	39	YES	1400
29/ 13:30	1.5	50.9	76.35	12	6.89	40	YES	1400
30/ 11:00	1.7	50.9	86.53	12	6.78	41	YES	1400
31/ 10:30	1.7	50.9	86.53	10	6.76	41	YES	1400

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