

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

County: Douglas

**System Name: Sutherlin, City of ID# OR4100847**      WTP: WTP-A    Nov-25

Nonpareil							
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	0.034	0.032	OFF	OFF	0.031	0.045
2	OFF	OFF	0.037	0.044	0.039	0.043	0.164
3	OFF	OFF	0.045	0.062	0.039	OFF	0.143
4	0.042	OFF	OFF	0.040	OFF	OFF	0.057
5	0.051	OFF	OFF	0.023	OFF	OFF	0.111
6	OFF	0.024	OFF	0.026	0.026	OFF	0.064
7	0.037	OFF	OFF	0.026	OFF	OFF	0.068
8	OFF	0.031	OFF	0.033	0.028	OFF	0.066
9	OFF	0.029	OFF	0.034	0.095	0.036	0.095
10	OFF	OFF	0.039	0.037	0.048	OFF	0.086
11	0.032	OFF	OFF	0.032	0.021	OFF	0.052
12	0.022	OFF	OFF	0.021	0.020	OFF	0.045
13	0.020	OFF	OFF	0.021	0.020	OFF	0.027
14	0.021	OFF	OFF	0.020	0.020	OFF	0.031
15	0.022	OFF	OFF	0.020	0.020	OFF	0.023
16	OFF	0.019	OFF	0.020	0.020	OFF	0.023
17	OFF	OFF	0.022	0.022	OFF	OFF	0.038
18	OFF	OFF	0.043	0.024	OFF	OFF	0.102
19	OFF	OFF	0.023	0.023	OFF	OFF	0.037
20	OFF	OFF	OFF	0.022	OFF	0.024	0.031
21	0.027	OFF	OFF	0.031	OFF	OFF	0.043
22	OFF	OFF	0.030	0.022	OFF	OFF	0.039
23	OFF	OFF	0.024	0.079	0.064	OFF	0.092
24	OFF	OFF	OFF	0.022	0.022	OFF	0.079
25	OFF	OFF	0.025	0.022	OFF	OFF	0.037
26	OFF	OFF	0.024	0.046	OFF	OFF	0.082
27	OFF	OFF	0.030	0.025	OFF	OFF	0.112
28	OFF	OFF	0.023	0.022	OFF	OFF	0.025
29	OFF	OFF	0.023	0.041	OFF	OFF	0.041
30	OFF	OFF	0.024	0.022	0.021	OFF	0.108

<b>Conventional or Direct Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>	
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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"/> Yes <input type="radio"/> No <i>(see back)</i>	All Cl <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:

Printed Name: Alan Taylor	
Signature: <i>Alan Taylor</i>	Date: 12-3-25
Phone #: (541) 459-5768	Cert #: 08797

<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: November, 2025			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/ 8:30	1.6	50.9	81.44	12	6.81	40	YES	1400
2/ 12:00	1.7	50.9	86.53	14	6.60	41	YES	1400
3/ 9:00	1.5	50.9	76.35	14	6.65	40	YES	1400
4/ 11:00	1.5	50.9	76.35	13	6.66	40	YES	1400
5/ 11:23	1.7	50.9	86.53	14	6.60	41	YES	1400
6/ 14:24	1.6	50.9	81.44	14	6.63	40	YES	1400
7/ 11:33	1.6	50.9	81.44	14	6.58	40	YES	1400
8/ 14:15	1.4	50.9	71.26	14	6.65	39	YES	1400
9/ 12:00	1.7	50.9	86.53	12	6.66	41	YES	1400
10/ 10:09	1.7	50.9	86.53	12	6.74	41	YES	1400
11/ 11:15	1.7	50.9	86.53	14	6.60	41	YES	1400
12/ 11:15	1.6	50.9	81.44	13	6.56	40	YES	1400
13/ 11:29	1.5	50.9	76.35	14	6.55	40	YES	1400
14/ 10:53	1.6	50.9	81.44	15	6.56	26	YES	1400
15/ 11:45	1.5	50.9	76.35	15	6.69	26	YES	1400
16/ 13:35	1.6	50.9	81.44	13	6.60	40	YES	1400
17/ 10:00	1.5	50.9	76.35	12	6.71	40	YES	1400
18/ 10:47	1.5	50.9	76.35	12	6.74	40	YES	1400
19/ 9:40	1.5	50.9	76.35	11	6.95	40	YES	1400
20/ 10:45	1.5	50.9	76.35	11	6.69	40	YES	1400
21/ 10:05	1.5	50.9	76.35	10	6.61	40	YES	1400
22/ 9:30	1.6	50.9	81.44	10	6.73	40	YES	1400
23/ 11:30	1.6	50.9	81.44	10	6.65	40	YES	1400
24/ 13:50	1.6	50.9	81.44	11	6.88	40	YES	1400
25/ 9:15	1.6	50.9	81.44	11	6.60	40	YES	1400
26/ 9:00	1.6	50.9	81.44	10	6.77	40	YES	1400
27/ 9:00	1.5	50.9	76.35	10	6.77	40	YES	1400
28/ 9:16	1.6	50.9	81.44	12	6.67	40	YES	1400
29/ 8:35	1.6	50.9	81.44	11	6.75	40	YES	1400
30/ 11:35	1.6	50.9	81.44	12	6.66	40	YES	1400

<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.