

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

County: Douglas

<b>System Name: Sutherlin, City of ID# OR4100847</b>				<b>WTP: WTP-A January, 2026</b>			
Nonparel							
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	0.028	OFF	OFF	0.025	0.037	OFF	0.104
2	OFF	0.030	0.024	OFF	0.024	0.022	0.107
3	OFF	OFF	0.027	OFF	0.029	0.026	0.044
4	OFF	OFF	0.031	0.038	OFF	0.036	0.101
5	0.028	OFF	OFF	0.056	0.040	OFF	0.128
6	OFF	0.047	0.033	OFF	OFF	OFF	0.115
7	0.030	OFF	OFF	0.046	0.043	OFF	0.181
8	OFF	0.037	OFF	0.089	0.035	OFF	0.098
9	0.110	0.040	OFF	0.074	0.047	OFF	0.135
10	0.059	0.066	OFF	0.072	0.049	0.050	0.194
11	OFF	OFF	0.093	0.079	0.070	0.064	0.119
12	OFF	OFF	0.093	OFF	0.093	OFF	0.166
13	0.097	OFF	OFF	0.040	0.032	OFF	0.115
14	0.067	0.122	OFF	OFF	0.041	OFF	0.122
15	0.030	0.030	OFF	OFF	0.028	OFF	0.051
16	OFF	OFF	0.033	0.033	0.038	OFF	0.117
17	OFF	0.031	OFF	0.039	0.028	OFF	0.056
18	OFF	0.030	0.034	0.032	OFF	OFF	0.086
19	0.030	OFF	OFF	0.030	0.034	OFF	0.085
20	OFF	0.036	0.037	0.033	0.029	0.029	0.228
21	OFF	OFF	OFF	0.035	0.045	OFF	0.097
22	0.037	0.033	OFF	0.031	0.030	OFF	0.043
23	0.030	0.125	OFF	0.046	0.035	0.029	0.133
24	OFF	OFF	0.030	0.033	0.075	0.159	0.159
25	0.034	OFF	OFF	OFF	0.038	0.052	0.135
26	OFF	OFF	0.065	0.048	0.033	OFF	0.073
27	0.032	0.034	OFF	0.028	OFF	OFF	0.067
28	0.026	OFF	OFF	0.028	0.027	OFF	0.060
29	0.028	OFF	OFF	0.025	OFF	OFF	0.032
30	0.026	OFF	OFF	0.028	0.027	OFF	0.039
31	OFF	0.026	0.026	0.027	OFF	0.027	0.034
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? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No		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: Alan Taylor			Date: 2/3/2026
				Phone #: (541) 459-5768			Cert #: 08197

<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: January, 2026				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/ 10:51	1.4	50.9	71.26	10	6.63	39	YES	1400
2/ 8:15	1.5	50.9	76.35	12	6.55	40	YES	1400
3/ 10:30	1.5	50.9	76.35	12	6.60	40	YES	1400
4/ 10:10	1.5	50.9	76.35	12	6.63	40	YES	1400
5/ 11:30	1.4	50.9	71.26	13	6.50	39	YES	1400
6/ 8:35	1.6	50.9	81.44	11	7.12	48	YES	1400
7/ 11:00	1.4	50.9	71.26	11	7.03	47	YES	1400
8/ 13:20	1.4	50.9	71.26	12	7.03	47	YES	1400
9/ 10:48	1.6	50.9	81.44	10	7.11	48	YES	1400
10/ 11:10	1.6	50.9	81.44	10	7.08	48	YES	1400
11/ 11:00	1.5	50.9	76.35	11	7.13	48	YES	1400
12/ 11:30	1.6	50.9	81.44	11	7.35	48	YES	1400
13/ 10:20	1.6	50.9	81.44	10	7.16	48	YES	1400
14/ 11:15	1.5	50.9	76.35	10	7.21	48	YES	1400
15/ 12:30	1.5	50.9	76.35	9	7.21	64	YES	1400
16/ 11:05	1.5	50.9	76.35	9	7.25	64	YES	1400
17/ 12:30	1.5	50.9	76.35	9	7.20	64	YES	1400
18/ 9:06	1.5	50.9	76.35	9	7.29	64	YES	1400
19/ 10:57	1.6	50.9	81.44	8	7.33	64	YES	1400
20/ 14:11	1.5	50.9	76.35	9	7.16	64	YES	1400
21/ 9:25	1.5	50.9	76.35	9	7.16	64	YES	1400
22/ 11:45	1.5	50.9	76.35	9	7.23	64	YES	1400
23/ 12:30	1.5	50.9	76.35	9	7.19	64	YES	1400
24/ 10:00	1.6	50.9	81.44	6	7.18	64	YES	1400
25/ 13:00	1.5	50.9	76.35	7	7.42	64	YES	1400
26/ 9:30	1.6	50.9	81.44	7	7.40	64	YES	1400
27/ 11:30	1.5	50.9	76.35	9	7.32	64	YES	1400
28/ 11:00	1.5	50.9	76.35	9	7.29	64	YES	1400
29/ 11:00	1.5	50.9	76.35	11	7.27	48	YES	1400
30/ 11:00	1.5	50.9	76.35	10	7.30	48	YES	1400
31/ 9:30	1.6	50.9	81.44	10	7.24	48	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.