## **OHA - Drinking Water Services - Turbidity Monitoring Report Form** County: **Douglas Conventional or Direct Filtration** Month/Year: Mar-22 System Name: Sutherlin, City of ID#: 41 00847 WTP: TP-B, Cooper Creek WTP 8 AM NOON 4 PM 8 PM 12 AM 4 AM Day Highest Reading of the day 1 [NTU] INTUI [NTU] **INTUI** [NTU] [NTU] [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 31 **OFF OFF** OFF OFF **OFF OFF OFF Conventional or Direct Filtration** Monthly Summary (Answer Yes or No) CT's met everyday? All CI2 residual at entry point 95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No (see back) ≥ 0.2 mg/l? All 4-hour turbidity readings ≤ 1 NTU? Yes / No Yes / No Yes All turbidity readings < IFE2 triggers Yes / No

Including continuous NTU 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 = Individ. Filter Effi. (333-061-0040(1)(e)(B&C))

Notes:

NAME:

SIGNATURE:

PHONE #: (541) 459

Bac

DATE: S

CERT #: /

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: B - Cooper Creek

System Name: Sutherlin, City of ID#: 41 00847 Month/Year: Mar-22

Disinfection Giardia Log Inactiv:

Log 0.500

Day	Time	Minimum Cl <sub>2</sub> Residual at 1st User	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	OFF