

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Douglas
Month/Year:	Nov-22

System Name: Sutherlin, City of

ID#: 41 00847

WTP : TP-B, Cooper Creek WTP

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [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

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU? Yes No
 All 4-hour turbidity readings \leq 1 NTU? Yes No
 All turbidity readings $<$ IFE² triggers Yes No

CT's met everyday?
(see back)

Yes No

All Cl₂ residual at entry point
 \geq 0.2 mg/l?

Yes No

Notes:

NAME: *Brian Elliott*

SIGNATURE: *Brian Elliott*

DATE: *11-30-2022*

PHONE #: *(541) 490-9772*

CERT #: *T2691*

¹ 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. ² IFE = Individ. Filter Eff. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: B - Cooper Creek

System Name: Sutherlin, City of

ID#: 41 00847

Month/Year: Nov-22

**Disinfection
Giardia Log
Inactiv:**

0.500

Day	Time	Minimum Cl ₂ Residual at 1st User	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]		formula	Yes / No	[GPM]
1	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	70.00	#VALUE!	OFF	OFF	OFF	OFF	OFF

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day.

Revised October 2013