## **OHA - Drinking Water Services - Turbidity Monitoring Report Form** County: Douglas **Conventional or Direct Filtration** Month/Year: Dec-22 System Name: Sutherlin, City of ID#: 41 00847 WTP: TP-B, Cooper Creek WTP 12 AM 4 AM 8 AM NOON 4 PM 8 PM Day Highest Reading of the day 1 [NTU] [NTU] [NTU] [NTU] INTUI [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 Cl2 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

SIGNATURE: Busin Tellutta DATE: 01-03-2023
PHONE #: (SY/ ) 457-2856 CERT #: 2491

1 Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not

(Yes) / No

All turbidity readings < IFE<sup>2</sup> triggers

Notes:

NAME:

Yes / No

BRIAN ELLIOTT

Yes / No

## OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: B - Cooper Creek

System Name: Sutherlin, City of ID#: 41 00847 Month/Year: Dec-22 Disinfection Giardia Log Inactiv:

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

<sup>3</sup> If CI2 at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day.

Revised October 2013