

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Douglas
Month/Year:	August, 23

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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	0.053	OFF	OFF	0.086
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	0.056	0.071	OFF	0.073	0.083
4	OFF	OFF	OFF	0.059	OFF	OFF	0.070
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	0.062	OFF	OFF	0.069
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	0.054	OFF	OFF	0.065
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	0.084	OFF	OFF	0.091
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	0.059	0.065	OFF	0.073
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	0.068	0.068	OFF	0.089
17	OFF	OFF	OFF	0.062	0.064	OFF	0.080
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)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b> / No	CT's met everyday? (see back) <b>Yes</b> / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b> / No
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b> / No		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b> / No		

Notes:	NAME: Alan Taylor	
	SIGNATURE: Alan Taylor	DATE: 9/5/23
	PHONE #: (541) 459-5268	CERT #: 8797

<sup>1</sup> 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 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: August, 23	Disinfection Giardia Log Inactiv:	0.500
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Day	Time	Minimum Cl <sub>2</sub> Residual at 1st User [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	12:30	1.7	70.00	119	11	7.15	25	YES	1980
2	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
3	12:55	1.5	70.00	105	10	7.16	24	YES	1980
4	13:56	1.6	70.00	112	9	7.34	32	YES	1980
5	14:15	1.5	70.00	105	10	7.27	24	YES	1980
6	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
7	13:30	1.5	70.00	105	10	7.22	24	YES	1980
8	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
9	14:00	1.3	70.00	91	12	7.02	23	YES	1980
10	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
11	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
12	14:06	1.4	70.00	98	10	7.13	23	YES	1980
13	12:00	1.4	70.00	98	10	7.09	23	YES	1980
14	12:45	1.7	70.00	119	11	7.28	25	YES	1980
15	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
16	12:20	1.6	70.00	112	10	7.16	24	YES	1980
17	14:29	1.5	70.00	105	10	7.22	24	YES	1980
18	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
19	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
20	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
21	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
22	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
23	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
24	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
25	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
26	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
27	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
28	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
29	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
30	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980
31	OFF	OFF	70.00	OFF	OFF	OFF	OFF	OFF	1980

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day.

Revised October 2013