

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Douglas
Month/Year:	May, 24

System Name: Sutherland, 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	0.050	0.058	0.057	0.057	0.070
22	0.052	OFF	0.045	0.039	0.045	0.047	0.057
23	0.043	0.051	0.053	0.042	0.045	0.041	0.056
24	0.050	0.047	0.048	0.048	0.044	0.048	0.059
25	0.042	0.042	0.058	0.046	0.041	0.045	0.058
26	0.054	OFF	0.041	0.041	0.040	0.041	0.055
27	0.043	0.041	0.043	0.045	0.041	0.039	0.053
28	0.042	0.040	0.041	0.057	0.042	0.042	0.057
29	0.040	0.040	0.047	0.042	0.040	0.044	0.055
30	0.042	OFF	0.044	0.040	0.049	0.042	0.053
31	0.040	0.046	0.040	0.042	0.040	0.039	0.053

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes: NAME: Alan Taylor
 SIGNATURE: [Signature] DATE: 6/10/24
 PHONE #: (541) 455-5768 CERT #: 8797

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 Effl. (333-081-0040(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: May, 24	Disinfection Giardia Log Inactiv:	0.500
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Day	Time	Minimum Cl ₂ 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? ³ Yes / No	Peak Hourly Demand Flow [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	10:00	1.7	70.00	119	10	6.93	20	Y	1400
22	9:40	1.5	70.00	105	9	6.90	26	Y	1400
23	9:10	1.5	70.00	105	9	6.88	26	Y	1400
24	9:00	1.4	70.00	98	9	6.98	26	Y	1400
25	9:35	1.7	70.00	119	9	6.91	27	Y	1400
26	9:57	1.4	70.00	98	11	6.93	19	Y	1400
27	9:31	1.7	70.00	119	11	6.95	20	Y	1400
28	9:41	1.5	70.00	105	11	7.02	24	Y	1400
29	8:30	1.5	70.00	105	10	7.06	24	Y	1400
30	9:00	1.4	70.00	98	9	7.00	26	Y	1400
31	9:00	1.4	70.00	98	9	7.06	31	Y	1400

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