

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Douglas
Month/Year:	October, 24

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	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)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes / No</b>	CT's met everyday? (see back) <b>Yes / No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes / No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes / No</b>		

Notes:	NAME: Alan Taylor	
	SIGNATURE: Alan Taylor	DATE: 11/6/24
	PHONE #: (541) 459-5768	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 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: Oct, 24	Disinfection Giardia Log Inactiv:	0.500
---------------------------------	---------------	---------------------	---	-------

Day	Time	Residual at 1st User	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[° 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 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