

## OHA - Drinking Water Services - Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: Douglas

Month/Year: March, 25

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	0.050	0.050	0.280
17	OFF	0.112	0.080	0.057	0.050	0.052	0.112
18	0.085	OFF	0.072	0.252	OFF	OFF	0.252
19	0.054	0.053	0.063	0.161	OFF	OFF	0.161
20	OFF	OFF	0.047	OFF	OFF	OFF	0.175
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  $\leq$  0.3 NTU?☒ Yes ☐ NoAll 4-hour turbidity readings  $\leq$  1 NTU?☒ Yes ☐ NoAll turbidity readings < IFE<sup>2</sup> triggers☒ Yes ☐ NoCT's met everyday?  
(see back)☒ Yes ☐ NoAll Cl<sub>2</sub> residual at entry point  
 $\geq$  0.2 mg/l?☒ Yes ☐ No

Notes:

NAME: Alan Taylor

SIGNATURE: Alan Taylor

DATE: 4/3/25

PHONE #: (541) 459-5768

CERT #: 08797

<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: Mar., 25

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	7:30	0.8	70.00	56	10	7.43	22	YES	1500
17	3:08	1.7	70.00	119	9	6.86	27	YES	1500
18	2:30	1.5	70.00	105	10	6.51	20	YES	1500
19	2:20	1.5	70.00	105	9	7.04	32	YES	1500
20	1:45	1.4	70.00	98	9	7.00	26	YES	1500
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