

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Sep-21

System Name:		City of Yoncalla		ID#: 4100958		WTP : TP - A	
Day	24:00 [NTU]	04:00 [NTU]	08:00 [NTU]	12:00 [NTU]	16:00 [NTU]	20:00 [NTU]	Highest Reading of the Day ¹ [NTU]
1	off	off	0.10	0.09	0.06	off	0.10
2	off	off	0.06	0.05	0.05	off	0.06
3	off	off	0.04	0.15	0.04	off	0.15
4	off	off	0.05	0.04	0.05	off	0.05
5	off	off	0.05	0.05	0.05	off	0.05
6	off	off	0.05	0.05	0.05	off	0.05
7	off	off	0.05	0.06	0.05	off	0.06
8	off	off	0.05	0.05	0.06	off	0.06
9	off	off	0.05	0.05	0.06	off	0.06
10	off	off	0.05	0.05	0.05	off	0.05
11	off	off	0.05	0.05	0.05	off	0.05
12	off	off	0.06	0.16	0.06	off	0.16
13	off	off	0.05	0.05	0.04	off	0.05
14	off	off	0.05	0.05	0.06	off	0.06
15	off	off	0.05	0.05	0.04	off	0.05
16	off	off	0.05	0.05	0.05	off	0.05
17	off	off	0.05	0.05	0.05	off	0.05
18	off	off	0.05	0.04	0.05	off	0.05
19	off	off	0.05	0.04	0.04	off	0.05
20	off	off	0.05	0.05	0.05	off	0.05
21	off	off	0.05	0.05	0.04	off	0.05
22	off	off	0.05	0.05	0.05	off	0.05
23	off	off	0.05	0.05	0.05	off	0.05
24	off	off	0.05	0.06	0.05	off	0.06
25	off	off	0.05	0.06	0.06	off	0.06
26	off	off	0.05	0.05	0.06	off	0.06
27	off	off	0.05	0.05	0.05	off	0.05
28	off	off	0.04	0.04	0.04	off	0.04
29	off	off	0.05	0.05	0.04	off	0.05
30	off	off	0.05	0.04	0.04	off	0.05
31	off	off				off	0.00

95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	CT's met everyday? (see back)	<input checked="" type="checkbox"/> Yes	All Cl ₂ residual at entry point ≥ 0.2 mg/l?	<input checked="" type="checkbox"/> Yes
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Notes:	Printed Darrel Lockard SIGNATURE: <i>Darrel Lockard</i> Phone# 541- 222-9997
	10/8/21 10/8/21 CERT# 2853

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. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Yoncalla	ID#: 4100958	Month/Year: SEPT 21	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.7	62	43.4	21.1	9.25	20.2	YES	350
2	0.84	62	52.1	20.7	9.32	21.6	YES	350
3	0.74	62	45.9	20.6	9.36	21.8	YES	350
4	0.96	62	59.5	20.4	9.53	24.1	YES	350
5	0.72	62	44.6	20.8	9.39	21.7	YES	350
6	0.9	62	55.8	20.9	9.48	22.7	YES	350
7	0.73	62	45.3	21.0	9.52	22.5	YES	350
8	0.83	62	51.5	21.1	9.50	22.4	YES	350
9	0.87	62	53.9	21.4	9.65	23.3	YES	350
10	0.74	62	45.9	21.6	9.65	22.7	YES	350
11	0.75	62	46.5	21.4	9.58	22.4	YES	350
12	0.69	62	42.8	21.2	9.57	22.5	YES	350
13	0.4	62	24.8	21.0	9.74	23.5	YES	350
14	0.4	62	24.8	20.6	9.60	22.9	YES	350
15	0.66	62	40.9	20.8	9.56	22.9	YES	350
16	0.89	62	55.2	20.2	9.64	25.2	YES	350
17	1.06	62	65.7	19.7	9.62	26.4	YES	350
18	1.05	62	65.1	19.9	9.29	23.0	YES	350
19	1.11	62	68.8	19.6	9.63	26.8	YES	350
20	0.89	62	55.2	19.2	9.69	27.4	YES	350
21	0.96	62	59.5	19.2	9.65	27.3	YES	350
22	0.58	62	36.0	19.4	9.55	24.8	YES	350
23	0.68	62	42.2	19.7	9.71	26.1	YES	350
24	0.7	62	43.4	19.5	9.45	24.1	YES	350
25	0.7	62	43.4	19.9	9.52	24.1	YES	350
26	0.67	62	41.5	20.1	9.57	24.1	YES	350
27	0.39	62	24.2	20.0	9.54	23.3	YES	350
28	0.53	62	32.9	19.3	9.61	25.4	YES	350
29	0.58	62	36.0	19.4	9.29	22.6	YES	350
30	0.55	62	34.1	18.6	9.46	25.3	YES	350
31		62	#VALUE!			#VALUE!	YES	350

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.