



Day	12AM (NTU)	4AM (NTU)	8AM (NTU)	NOON (NTU)	4PM (NTU)	8PM (NTU)	Highest (NTU)	Peak Hourly Flow (GPM)
1	OFF	0.020	0.021	OFF	0.028	OFF	0.028	409
2	OFF	0.023	OFF	0.030	0.024	0.023	0.030	411
3	0.021	OFF	0.024	0.028	0.023	OFF	0.028	414
4	OFF	0.021	0.022	0.024	OFF	OFF	0.024	407
5	0.021	0.020	0.019	0.027	OFF	OFF	0.027	403
6	0.022	0.020	0.021	OFF	0.035	0.022	0.035	406
7	OFF	OFF	0.025	0.021	0.022	OFF	0.025	411
8	OFF	0.021	0.021	0.022	0.031	OFF	0.031	414
9	OFF	0.021	0.022	0.027	OFF	OFF	0.027	397
10	0.031	0.021	OFF	0.024	0.022	OFF	0.031	399
11	OFF	0.022	0.025	OFF	0.022	OFF	0.025	405
12	0.028	0.021	OFF	0.021	0.021	OFF	0.028	405
13	OFF	0.021	0.027	0.020	OFF	OFF	0.027	399
14	0.020	OFF	OFF	0.020	0.026	OFF	0.026	400
15	0.019	0.024	0.020	OFF	0.021	OFF	0.024	423
16	OFF	0.020	0.020	0.020	OFF	0.023	0.023	403
17	0.020	OFF	0.023	0.020	OFF	OFF	0.023	396
18	OFF	0.021	0.021	OFF	0.026	OFF	0.026	408
19	OFF	OFF	0.022	0.024	OFF	OFF	0.024	400
20	0.027	0.022	OFF	0.031	0.021	OFF	0.031	397
21	OFF	0.019	0.020	0.021	0.026	OFF	0.026	395
22	OFF	OFF	0.024	0.021	0.021	OFF	0.024	395
23	OFF	0.026	0.020	OFF	0.022	OFF	0.026	400
24	OFF	OFF	0.025	0.020	OFF	OFF	0.025	404
25	OFF	OFF	0.025	0.020	0.034	OFF	0.034	403
26	0.020	OFF	OFF	0.020	0.027	OFF	0.027	391
27	OFF	0.022	0.020	0.020	0.019	OFF	0.022	418
28	OFF	OFF	0.019	0.022	OFF	OFF	0.022	395
29	0.019	OFF	0.018	0.026	0.019	OFF	0.026	424
30	OFF	0.019	0.019	0.021	OFF	OFF	0.021	396
31	0.019	OFF	OFF	OFF	0.026	0.020	0.026	391

<input checked="" type="checkbox"/> You are using a Slow Sand or Cartridge Filter		<input type="checkbox"/> Monthly Summary	
95% of Turbidity readings < MCL <input checked="" type="checkbox"/> / N All Turbidity readings < 5 NTU <input checked="" type="checkbox"/> / N	CT's met every day <input checked="" type="checkbox"/> No (see back of sheet)	Cl residual at entry point always ≥ .2 mg <input checked="" type="checkbox"/> / No	Cl Residual measured in 95% of distribution samples <input checked="" type="checkbox"/> / No

MCL is 0.5 for conventional and direct filtration  
and 1.0 for slow sand and diatomaceous earth filters

Signature: Darrel Lockard

Date: 9/4/2024

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: WTP-A

System Name: Yamhill, City of	ID#: OR4100968	Month/Year: Aug-24	Disinfection Giardia Log Inactiv:	0.500
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Date / Time	Residual at 1st User (C) <sup>3</sup>	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]
1/17:00	0.7	80.00	53.1	15.8	8.1	18.9	YES	407
2/20:00	0.9	80.00	71.3	17.5	8.2	17.6	YES	411
3/15:00	0.8	80.00	66.9	16.4	8.1	18.6	YES	410
4/8:00	0.9	80.00	68.5	15.9	8.2	19.4	YES	402
5/14:00	0.8	80.00	65.8	15.6	8.1	19.6	YES	400
6/5:00	0.9	80.00	68.9	15.7	8.2	19.8	YES	397
7/16:00	0.9	80.00	70.3	14.7	8.2	21.2	YES	408
8/17:00	0.8	80.00	65.5	15.1	8.2	20.4	YES	396
9/14:00	0.8	80.00	67.0	15.5	8.2	20.1	YES	394
10/17:00	0.8	80.00	64.6	16.0	8.2	19.1	YES	396
11/9:00	0.8	80.00	62.2	15.6	8.1	19.3	YES	402
12/16:00	0.8	80.00	61.5	14.8	8.2	20.7	YES	403
13/8:00	0.9	80.00	69.3	14.3	8.2	21.8	YES	394
14/16:00	0.9	80.00	69.8	14.1	8.2	21.9	YES	399
15/17:00	0.8	80.00	64.9	14.5	8.1	21.0	YES	421
16/10:00	0.8	80.00	65.9	14.2	8.1	21.5	YES	397
17/12:00	0.8	80.00	66.2	14.3	8.2	21.6	YES	394
18/18:00	0.7	80.00	56.5	14.5	8.2	21.1	YES	400
19/10:00	0.8	80.00	63.1	14.1	8.2	21.9	YES	397
20/17:00	0.7	80.00	56.1	14.1	8.2	21.8	YES	392
21/10:00	0.7	80.00	57.3	14.1	8.1	21.0	YES	394
22/8:00	0.8	80.00	61.2	13.9	8.1	21.5	YES	386
23/9:00	0.8	80.00	60.8	13.3	8.2	23.0	YES	395
24/11:00	0.6	80.00	51.9	12.7	8.1	23.0	YES	399
25/13:00	0.6	80.00	50.5	12.2	8.2	24.3	YES	400
26/3:00	0.6	80.00	51.3	12.7	8.1	22.9	YES	391
27/17:00	0.7	80.00	57.8	13.3	8.2	22.7	YES	396
28/13:00	0.8	80.00	64.2	12.1	8.2	25.1	YES	392
29/16:00	0.7	80.00	56.4	12.6	8.1	23.6	YES	420
30/9:00	0.7	80.00	58.9	13.0	8.1	22.9	YES	396
31/2:00	0.7	80.00	56.1	13.3	8.1	22.3	YES	389

<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

Oregon Health Authority Drinking Water Section

Turbidity Monitoring Report Form