

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Josephine

Conventional or Direct Filtration

System Name: CAVE JUNCTION, CITY OF #OR4100971 WTP-:WTP-A: JUNE 2024							
DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1			0.02	0.02			0.02
2							0
3			0.01	0.01	0.02		0.02
4			0.01	0.02	0.02		0.02
5			0.01	0.01	0.01		0.01
6			0.01	0.01	0.02		0.02
7			0.01	0.02	0.02		0.02
8			0.01	0.02	0.02		0.02
9			0.02	0.01			0.02
10			0.02	0.02	0.02		0.02
11			0.02	0.02	0.01		0.02
12			0.02	0.02	0.02		0.02
13				0.02	0.02		0.02
14			0.02	0.02	0.02		0.02
15			0.02	0.02			0.02
16			0.02	0.02			0.02
17				0.02	0.02		0.02
18			0.02	0.02			0.02
19			0.01	0.02	0.02		0.02
20			0.02	0.02	0.02	0.02	0.02
21			0.02	0.01	0.02		0.02
22			0.02	0.02	0.02		0.02
23			0.02	0.02	0.02		0.02
24			0.02	0.02	0.02		0.02
25			0.02	0.02	0.02		0.02
26			0.02	0.01	0.02		0.02
27			0.02	0.02	0.02		0.02
28			0.02	0.02	0.01		0.02
29			0.02	0.02			0.02
30			0.02	0.02			0.02
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residuals at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All the 4-hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / No ²		
Notes:	PRINTED NAME: Steven Bethke	
	SIGNATURE: <i>Steven Bethke</i>	DATE: 7-2-24
	PHONE #: 541-592-3254	CERT#:6609

¹Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" through "8PM" may not correspond to continuous readings' maximum.

²IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

CAVE JUNCTION, CITY OF ID# OR4100971 WTP - A								JUNE 2024	Req. Log Inactivate:1
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
		mg/L	minutes	CXT	° C		Use tables	Yes / No	[GPM]
1 /	6:50	1.00	242	242	15	7.5	30	Yes	1581
2 /									0
3 /	7:10	1.00	179	179	15	7.5	30	Yes	1581
4 /	7:00	1.10	218	240	15	7.5	31	Yes	1581
5 /	7:12	1.10	171	188	15	7.5	31	Yes	1581
6 /	6:55	1.10	239	263	16	7.6	31	Yes	1581
7 /	7:08	1.00	163	163	17	7.4	30	Yes	1581
8 /	6:55	1.00	201	201	17	7.4	30	Yes	1581
9 /	6:54	1.00	203	203	17	7.5	30	Yes	1581
10 /	7:10	1.00	195	195	17	7.5	30	Yes	1581
11 /	7:18	1.00	164	164	17	7.6	30	Yes	1581
12 /	7:05	1.00	176	176	18	7.4	30	Yes	1581
13 /	10:20	1.00	224	224	18	7.4	30	Yes	1581
14 /	7:11	1.00	168	168	18	7.5	30	Yes	1581
15 /	6:40	1.00	209	209	17	7.5	30	Yes	1581
16 /	7:10	1.00	214	214	17	7.5	30	Yes	1581
17 /	11:49	1.00	224	224	16	7.5	30	Yes	1581
18 /	7:00	1.00	218	218	16	7.5	30	Yes	1581
19 /	7:02	1.00	191	191	16	7.5	30	Yes	1581
20 /	7:12	1.00	188	188	17	7.4	30	Yes	1581
21 /	7:02	1.00	149	149	18	7.5	30	Yes	1581
22 /	7:04	1.00	178	178	18	7.4	30	Yes	1581
23 /	7:12	1.00	167	167	18	7.5	30	Yes	1581
24 /	7:05	1.00	171	171	18	7.4	30	Yes	1581
25 /	7:06	1.00	162	162	19	7.6	30	Yes	1581
26 /	7:01	1.00	180	180	19	7.7	30	Yes	1581
27 /	7:06	1.00	183	183	19	7.5	30	Yes	1581
28 /	7:01	1.00	154	154	18	7.6	30	Yes	1581
29 /	7:19	1.00	224	224	19	7.5	30	Yes	1581
30 /	7:12	1.00	180	180	19	7.5	30	Yes	1581
31 /									

³If Cl₂ at entry point , < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.