

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Douglas**  
 Month/Year: **Mar-21**

**System Name:** **USFS Steamboat Work Center**      **ID#: 41**      **01091**      **WTP : TP - A**

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	POL	POL	POL	POL	0.03	0.03	0.03
2	POL	POL	POL	POL	POL	POL	POL
3	POL	POL	POL	POL	POL	POL	POL
4	POL	POL	POL	POL	0.04	POL	0.04
5	POL	POL	POL	POL	POL	POL	POL
6	POL	POL	0.03	POL	POL	POL	0.03
7	POL	POL	POL	POL	POL	POL	POL
8	POL	POL	POL	POL	0.16	POL	0.16
9	POL	POL	POL	POL	POL	POL	POL
10	POL	POL	POL	POL	POL	POL	POL
11	POL	POL	POL	POL	POL	0.10	0.10
12	POL	POL	POL	POL	POL	POL	POL
13	POL	POL	POL	0.08	POL	POL	0.08
14	POL	POL	POL	POL		POL	POL
15	POL	POL	POL	POL	0.06	POL	0.06
16	POL	POL	POL	POL	POL	POL	POL
17	POL	POL	POL	POL	0.05	POL	0.05
18	POL	POL	POL	POL	POL	POL	POL
19	POL	POL	0.04	POL	POL	POL	POL
20	POL	POL	POL	POL	POL	POL	POL
21	POL	POL	POL	POL	POL	POL	POL
22	POL	POL	POL	POL	0.03	POL	0.03
23	POL	POL	POL	POL	POL	POL	POL
24	POL	POL	POL	POL	POL	POL	POL
25	POL	POL	POL	POL	0.05	POL	0.05
26	POL	POL	POL	POL	POL	POL	POL
27	POL	POL	POL	POL	POL	POL	POL
28	POL	POL	POL	POL	0.03	POL	0.03
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	POL	POL	POL	POL
31	POL	POL	POL	POL	0.03	POL	0.03

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
<b>Notes:</b>	<b>PRINTED NAME:</b> Jonathan Woody		
	<b>SIGNATURE:</b> <i>Jonathan Woody</i>		<b>DATE:</b> 4-7-21
	<b>PHONE #:</b> (541) 643-6137		<b>CERT #:</b> 7232

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

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: USFS Steamboat Work Center ID#: 41 01091 Month/Year: Disinfection *Giardia* Log Inactiv: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.9	60	54.0	10	7.1	19.8	yes	36
2		60					POL	36
3		60					POL	36
4	0.9	60	54.0	9	7.4	23.4	yes	36
5		60					POL	36
6	1	60	60.0	10	7.21	20.8	yes	36
7		60					POL	36
8		60					POL	36
9	0.9	60	54.0	10	7.3	21.2	yes	36
10		60					POL	36
11	0.9	60	54.0	10	7.2	20.5	yes	36
12		60					POL	36
13	0.9	60	54.0	10	7.3	21.2	yes	36
14		60					POL	36
15	0.8	60	48.0	13	7.3	17.0	yes	36
16		60					POL	36
17	0.92	60	55.2	10	7.4	22.0	yes	36
18		60					POL	36
19	0.9	60	54.0	11	7.3	19.8	yes	36
20		60					POL	36
21		60					POL	36
22	0.8	60	48.0	10	7.3	20.9	yes	36
23		60					POL	36
24		60					POL	36
25	0.8	60	48.0	11	7.4	20.3	yes	36
26		60					POL	36
27		60					POL	36
28	0.9	60	54.0	11	7.4	20.5	yes	36
29		60					POL	36
30		60					POL	36
31	0.7	60	42.0	10	7.3	20.7	yes	36

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013