

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

County: **Douglas**  
 Month/Year: **Aug-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	POL	POL	POL
2	POL	POL	0.06	0.05	0.05	0.05	0.06
3	POL	POL	POL	POL	POL	POL	POL
4	POL	POL	0.04	0.04	0.04	0.04	0.04
5	POL	POL	POL	0.05	0.04	0.04	0.05
6	POL	POL	POL	0.04	0.04	0.04	0.04
7	POL	POL	POL	POL	POL	POL	POL
8	0.04	0.04	0.04	0.04	POL	POL	0.04
9	POL	POL	POL	POL	POL	POL	POL
10	0.04	0.04	0.04	0.04	0.04	POL	0.04
11	POL	POL	POL	POL	POL	POL	POL
12	POI	POL	0.05	0.04	0.04	0.04	0.05
13	POL	POL	POL	POL	POL	POL	POL
14	POI	0.04	0.04	0.04	0.03	0.03	0.04
15	POL	POL	POL	0.04	0.04	0.04	0.04
16	POL	0.04	0.04	0.04	0.03	0.03	0.04
17	POL	POL	POL	POL	POL	POL	POL
18	POL	POL	0.05	0.04	0.04	0.04	0.05
19	POL	POL	0.04	0.04	0.04	0.04	0.04
20	POL	POL	POL	POL	POL	POL	POL
21	POL	POL	0.04	0.04	0.04	0.04	0.04
22	POL	POL	POL	POL	POL	POL	POL
23	POL	POL	0.03	0.04	0.04	0.04	0.04
24	POL	POL	POL	POL	POL	POL	POL
25	POL	POL	0.04	0.04	0.04	0.04	0.04
26	POL	POL	POL	POL	POL	POL	POL
27	POL	POL	0.04	0.04	0.03	0.04	0.04
28	POL	POL	0.04	0.04	0.04	0.04	0.04
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	POL	POL	POL	POL
31	POL	POL	0.04	0.04	0.04	0.03	0.04

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes/No <i>Yes</i> /No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes/No <i>Yes</i> /No	<i>Yes</i> /No	<i>Yes</i> /No
All turbidity readings < IFE <sup>2</sup> triggers	Yes/No <i>Yes</i> /No		
<b>Notes:</b>		<b>PRINTED NAME:</b> Jonathan Woody	<b>DATE:</b> 9-9-21
		<b>SIGNATURE:</b> <i>John Woody</i>	<b>CERT #:</b> 7232
		<b>PHONE #:</b> ( 541 ) 643-6137	

<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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: USFS Steamboat Work Center	ID#: 41	01091	Month/Year: Aug-21	WTP - : A	Disinfection <i>Giardia</i> Log Inactiv: 0.5
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Date / Time	Minimum Cl <sub>2</sub> 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		60					POL	36
2	1.86	60	111.6	17.0	7.80	17.7	YES	36
3		60					POL	36
4	1.2	60	72.0	18.0	7.90	15.9	YES	36
5	0.97	60	58.2	18.0	7.80	14.9	YES	36
6	0.82	60	37.2	19.0	7.80	13.4	YES	36
7		60					POL	36
8	0.81	60	48.6	18.0	7.90	15.2	YES	36
9	0.7	60	42.0	18.0	7.80	14.5	YES	36
10	0.56	60	33.6	18.0	7.80	14.3	YES	36
11		60					POL	36
12	0.76	60	45.6	18.0	7.80	14.6	YES	36
13		60					POL	36
14	0.78	60	46.8	18.0	7.90	15.2	YES	36
15	0.67	60	40.2	18.0	7.70	13.9	YES	36
16	0.62	60	37.2	18.0	7.80	14.4	YES	36
17		60					POL	36
18	0.72	60	43.2	18.0	7.70	16.0	YES	36
19	0.56	60	33.6	17.0	7.80	15.2	YES	36
20		60					POL	36
21	1.4	60	84.0	17.0	7.90	17.4	YES	36
22		60					POL	36
23	0.7	60	42.0	17.0	7.90	16.1	YES	36
24		60					POL	36
25	0.85	60	51.0	15.0	7.50	16.1	YES	36
26		60					POL	36
27	0.79	60	47.4	16.0	7.80	15.5	YES	36
28	0.62	60	37.2	15.0	7.70	16.9	YES	36
29		60					POL	36
30		60					POL	36
31	0.98	60	58.8	15.0	8.00	19.7	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.