

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

County: **Douglas**  
 Month/Year: **Apr-22**

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

<b>Notes:</b> Blank days indicate the plant was not ran that day.	PRINTED NAME: Jonathan Woody	DATE: 5/10/22
	SIGNATURE: <i>Jonathan Woody</i>	CERT #: 7232
	PHONE #: (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

WTP - :	A
Disinfection <i>Giardia</i> Log Inactiv:	0.5

System Name: USFS Steamboat Work Center ID#: 41 01091 Month/Year: Apr-22

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	1.5	60	90.0	13.0	7.60	20.6	yes	36
2		60						36
3		60						36
4	1.6	60	96.0	13.0	7.50	20.0	yes	36
5		60						36
6		60						36
7	1.5	60	90.0	13.0	7.90	23.0	yes	36
8		60						36
9		60						36
10		60						36
11	1.6	60	96.0	12.0	7.70	23.1	yes	36
12		60						36
13		60						36
14	1.4	60	84.0	11.0	7.50	22.5	yes	36
15		60						36
16		60						36
17		60						36
18		60						36
19	1.2	60	72.0	11.0	7.70	23.6	yes	36
20		60						36
21	0.9	60	54.0	11.0	7.70	22.8	yes	36
22		60						36
23		60						36
24		60						36
25	1.3	60	78.0	12.0	7.60	21.6	yes	36
26		60						36
27		60						36
28	1.6	60	96.0	13.0	7.70	21.6	yes	36
29		60						36
30		60						36
31		60						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