

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

County:	Douglas
Month/Year:	Jun-23

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	pol	pol	pol	0.03	pol	pol	0.03
4							
5	pol	pol	pol	0.03	pol	pol	0.03
6							
7	pol	pol	pol	0.03	pol	pol	0.03
8							
9	pol	pol	pol	0.03	pol	pol	0.03
10							
11							
12	pol	pol	pol	0.03	pol	pol	0.03
13							
14	pol	pol	pol	0.03	pol	pol	0.03
15							
16							
17							
18	pol	pol	pol	0.03	pol	pol	0.03
19							
20	pol	pol	pol	0.03	pol	pol	0.03
21							
22	pol	pol	pol	0.03	pol	pol	0.03
23							
24	pol	pol	pol	0.03	pol	pol	0.03
25							
26	pol	pol	pol	0.04	pol	pol	0.04
27							
28							
29	pol	pol	pol	0.06	pol	pol	0.06
30							
31							

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings  $\leq$  0.3 NTU?

Yes / No

CT's met everyday?  
(see back)

All Cl<sub>2</sub> residual at entry point  
 $\geq$  0.2 mg/l?

All 4-hour turbidity readings  $\leq$  1 NTU?

Yes / No

Yes / No

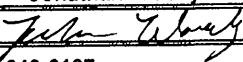
Yes / No

All turbidity readings < IFE<sup>2</sup> triggers

Yes / No

Notes: Blank days = plant off line.

PRINTED NAME: Jonathan Woody

SIGNATURE: 

DATE: 7-10-23

PHONE #: ( 541 ) 643-6137

CERT #: 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**

System Name: USFS Steamboat Work Center ID#: 41 01091 Month/Year: Jun-23				WTP - : A	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	CT Met? <sup>3</sup>	Peak Hourly Demand Flow [GPM]
1	1	60	60.0	14.0	7.40	16.9	Yes	36
2		60						36
3	1.2	60	72.0	14.0	7.50	17.9	yes	36
4		60						36
5	1.1	60	66.0	15.0	7.50	16.6	yes	36
6		60						36
7	1	60	60.0	15.0	7.50	16.4	yes	36
8		60						36
9	1.1	60	66.0	16.0	7.60	16.1	yes	36
10		60						36
11		60						36
12	0.9	60	54.0	16.0	7.60	15.7	yes	36
13		60						36
14	1	60	60.0	16.0	7.40	14.8	yes	36
15		60						36
16		60						36
17		60						36
18	1.2	60	72.0	15.0	7.80	18.7	yes	36
19		60						36
20	1.2	60	72.0	14.0	7.70	19.3	yes	36
21		60						36
22	1.1	60	66.0	14.0	7.50	17.7	yes	36
23		60						36
24	1.1	60	66.0	14.0	7.60	18.4	yes	36
25		60						36
26	1.1	60	66.0	16.0	7.60	16.1	yes	36
27		60						36
28		60						36
29	1.4	60	84.0	17.0	7.70	16.2	yes	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