

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

County: Douglas
 Month/Year: Jun-24

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 ¹ [NTU]
1							
2							
3	pol	pol	pol	0.03	pol	pol	0.03
4							
5	pol	pol	pol	0.12	pol	pol	0.12
6							
7	pol	pol	pol	0.03	pol	pol	0.03
8							
9							
10	pol	pol	pol	0.03	pol	pol	0.03
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	pol	pol	pol	0.03	pol	pol	0.03
18							
19	pol	pol	pol	0.03	pol	pol	0.03
20							
21	pol	pol	pol	0.03	pol	pol	0.03
22							
23							
24	pol	pol	pol	0.03	pol	pol	0.03
25							
26	pol	pol	pol	0.14	pol	pol	0.14
27	pol	pol	pol	0.03	pol	pol	0.03
28							
29	pol	pol	pol	0.03	pol	pol	0.03
30							
31							

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

PRINTED NAME: Jonathan Woody
 SIGNATURE: *Jonathan Woody* 7-6-24
 PHONE #: (541) 643-6137 CERT #: 7232

¹ 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. ² 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:	Jun-24	WTP - :	A
						Disinfection Giardia Log	0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1		60						36
2		60						36
3	0.9	60	54.0	14.0	7.30	16.1	yes	36
4		60						36
5	0.8	60	48.0	14.0	7.30	15.9	yes	36
6		60						36
7	0.9	60	54.0	15.0	7.30	15.1	yes	36
8		60						36
9		60						36
10	1.1	60	66.0	15.0	7.50	16.6	yes	36
11		60						36
12	1	60	60.0	15.0	7.40	15.8	yes	36
13		60						36
14	1	60	60.0	16.0	7.50	15.3	yes	36
15		60						36
16		60						36
17	1.1	60	66.0	13.0	7.50	18.9	yes	36
18		60						36
19	0.8	60	48.0	13.0	7.50	18.3	yes	36
20		60						36
21	0.9	60	54.0	15.0	7.50	16.2	yes	36
22		60						36
23		60						36
24	1.3	60	78.0	16.0	7.20	14.2	yes	36
25		60						36
26	0.9	60	54.0	16.0	7.40	14.6	yes	36
27	1.1	60	66.0	16.0	7.50	15.5	yes	36
28		60						36
29	0.9	60	54.0	17.0	7.50	14.2	yes	36
30		60						36
31		60						36

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.