

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

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

Conventional or Direct Filtration 95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All turbidity readings < IFE ² triggers <input checked="" type="checkbox"/> Yes / No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
Notes: Blank Days= Plant not ran.		PRINTED NAME: Jonathan Woody SIGNATURE: <i>Jonathan Woody</i> 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 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: Aug-24 Disinfection *Giardia* Log Inactiv: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1	60	60.0	18.0	7.50	13.4	Yes	36
2	1.1	60	66.0	19.0	7.20	11.3	yes	36
3		60						36
4		60						36
5	0.9	60	54.0	18.0	7.30	12.3	Yes	36
6	1	60	60.0	18.0	7.30	12.5	yes	36
7	0.9	60	54.0	17.0	7.40	13.7	yes	36
8	1	60	60.0	17.0	7.40	13.8	yes	36
9	1	60	60.0	16.0	7.20	13.7	yes	36
10		60						36
11		60						36
12	0.8	60	48.0	17.0	7.20	12.5	yes	36
13	0.9	60	54.0	16.0	7.30	14.1	yes	36
14	0.9	60	54.0	17.0	7.20	12.7	yes	36
15	1	60	60.0	18.0	7.50	13.4	yes	36
16	1	60	60.0	18.0	7.70	14.5	yes	36
17		60						36
18		60						36
19	0.9	60	54.0	16.0	7.50	15.2	yes	36
20	0.8	60	48.0	16.0	7.40	14.4	yes	36
21	0.9	60	54.0	16.0	7.30	14.1	yes	36
22	1	60	60.0	17.0	7.50	14.3	yes	36
23	1	60	60.0	15.0	7.40	15.8	yes	36
24		60						36
25		60						36
26	0.5	60	30.0	14.0	7.40	16.0	yes	36
27	0.9	60	54.0	15.0	7.50	16.2	yes	36
28	1	60	60.0	15.0	7.40	15.8	yes	36
29	0.9	60	54.0	16.0	7.50	15.2	yes	36
30	1.1	60	66.0	17.0	7.20	13.0	yes	36
31		60						36

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

Revised October 2013