

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: May-24

System Name: USFS Tiller Ranger Station ID#: 41 01092 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	POL	POL	POL	POL
2	POL	POL	POL	0.06	0.04	0.03	0.07
3	POL	POL	POL	POL	POL	POL	POL
4	POL	POL	POL	POL	POL	POL	POL
5	POL	POL	POL	POL	POL	POL	POL
6	POL	POL	POL	POL	POL	POL	POL
7	POL	POL	POL	POL	POL	POL	POL
8	POL	POL	POL	POL	POL	POL	POL
9	POL	POL	POL	POL	POL	POL	POL
10	POL	POL	POL	0.05	0.04	0.03	0.05
11	POL	POL	POL	POL	POL	POL	POL
12	POL	POL	POL	POL	POL	POL	POL
13	POL	POL	POL	POL	POL	POL	POL
14	POL	POL	POL	POL	POL	POL	POL
15	POL	POL	POL	POL	0.04	0.03	0.05
16	0.03	POL	POL	POL	POL	POL	0.03
17	POL	POL	POL	POL	POL	POL	POL
18	POL	POL	POL	0.06	0.04	0.03	0.06
19	0.03	POL	POL	POL	POL	POL	0.03
20	POL	POL	POL	POL	POL	POL	POL
21	POL	POL	POL	POL	POL	POL	POL
22	POL	POL	POL	POL	POL	POL	POL
23	POL	POL	POL	POL	POL	POL	POL
24	POL	POL	POL	POL	POL	POL	POL
25	POL	POL	0.06	0.05	0.03	0.03	0.06
26	POL	POL	POL	0.04	POL	POL	0.05
27	POL	POL	POL	POL	POL	POL	POL
28	POL	POL	POL	POL	POL	POL	POL
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	POL	POL	POL	POL
31	POL	POL	POL	0.04	POL	POL	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE2 triggers <input checked="" type="radio"/> Yes / No		

Notes:

PRINTED NAME: Jonathan Woody

SIGNATURE: *Jonathan Woody* DATE: 6-1-24

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. (333-081-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: USFS Tiller Ranger Station ID#: 41 01092 Month/Year: May-24 Disinfection Giardia 0.5

Date / Time	Minimum Cl <sub>2</sub> (ppm or mg/L)	Contact Time (minutes)	Actual CT C X T	Temp (° C)	pH	Required CT formula	CT Met? 3 Yes / No	Peak Hourly (GPM)
1	POL	86	POL	POL	POL	POL	POL	28
2	0.90	86	77.4	16.0	8.30	22.0	YES	28
3	POL	86	POL	POL	POL	POL	POL	28
4	POL	86	POL	POL	POL	POL	POL	28
5	POL	86	POL	POL	POL	POL	POL	28
6	POL	86	POL	POL	POL	POL	POL	28
7	POL	86	POL	POL	POL	POL	POL	28
8	POL	86	POL	POL	POL	POL	POL	28
9	POL	86	POL	POL	POL	POL	POL	28
10	0.90	86	77.4	15.0	8.30	22.0	YES	28
11	POL	86	POL	POL	POL	POL	POL	28
12	POL	86	POL	POL	POL	POL	POL	28
13	POL	86	POL	POL	POL	POL	POL	28
14	POL	86	POL	POL	POL	POL	POL	28
15	0.9	86	77.4	15.0	8.20	22.0	YES	28
16	1	86	86.0	14.0	8.30	33.0	YES	28
17	POL	86	POL	POL	POL	POL	POL	28
18	1	86	86.0	15.0	8.30	22.0	YES	28
19	1	86	86.0	15.0	8.20	22.0	YES	28
20	POL	86	POL	POL	POL	POL	POL	28
21	POL	86	POL	POL	POL	POL	POL	28
22	POL	86	POL	POL	POL	POL	POL	28
23	POL	86	POL	POL	POL	POL	POL	28
24	POL	86	POL	POL	POL	POL	POL	28
25	0.9	86	77.4	15.0	7.90	18.0	YES	28
26	1.1	86	94.6	15.0	8.20	22.0	YES	28
27	POL	86	POL	POL	POL	POL	POL	28
28	POL	86	POL	POL	POL	POL	POL	28
29	POL	86	POL	POL	POL	POL	POL	28
30	POL	86	POL	POL	POL	POL	POL	28
31	1	86	86.0	16.0	8.30	22.0	YES	28

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.