

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**  
 Month/Year: **Jun-24**

Conventional or Direct Filtration

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	0.03	0.04	0.03	0.06
2	POL	POL	POL	POL	POL	POL	POL
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	0.04	0.04	0.04	0.06
9	POL	POL	POL	POL	POL	POL	POL
10	POL	POL	POL	POL	POL	POL	POL
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	0.04	0.04	0.04	POL	0.06
15	POL	POL	POL	POL	POL	POL	POL
16	POL	POL	POL	POL	POL	POL	POL
17	POL	POL	POL	POL	POL	POL	POL
18	POL	POL	POL	POL	POL	POL	POL
19	POL	POL	POL	POL	POL	POL	POL
20	POL	POL	POL	0.07	0.05	POL	0.09
21	POL	POL	POL	0.06	0.05	POL	0.07
22	POL	POL	POL	0.05	0.05	POL	0.06
23	POL	POL	POL	POL	POL	POL	POL
24	POL	POL	POL	POL	POL	POL	POL
25	POL	POL	POL	POL	POL	POL	POL
26	POL	POL	POL	POL	POL	POL	POL
27	POL	POL	POL	0.06	0.05	0.05	0.06
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							

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE2 triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
<b>Notes:</b>		<b>PRINTED NAME: Jonathan Woody</b>	
		<b>SIGNATURE:</b> <i>Jonathan Woody</i>	<b>DATE:</b> 7-10-24
		<b>PHONE #:</b> ( 541 ) 643-6137	<b>CERT #:</b> 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)(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: Jun-24 Disinfection Giardia Log Inactiv: 0.5

Date / Time	Minimum Cl2 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	0.6	86	51.6	16.0	8.30	20.0	YES	28
2	POL	86	POL	POL	POL	POL	POL	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	0.8	86	68.8	17.0	8.30	21.0	YES	28
9	POL	86	POL	POL	POL	POL	POL	28
10	POL	86	POL	POL	POL	POL	POL	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	0.8	86	68.8	18.0	8.20	21.0	YES	28
15	POL	86	POL	POL	POL	POL	POL	28
16	POL	86	POL	POL	POL	POL	POL	28
17	POL	86	POL	POL	POL	POL	POL	28
18	POL	86	POL	POL	POL	POL	POL	28
19	POL	86	POL	POL	POL	POL	POL	28
20	1	86	86.0	18.0	8.30	22.0	YES	28
21	0.6	86	51.6	18.0	8.30	21.0	YES	28
22	0.8	86	68.8	18.0	8.20	22.0	YES	28
23	POL	86	POL	POL	POL	POL	POL	28
24	POL	86	POL	POL	POL	POL	POL	28
25	POL	86	POL	POL	POL	POL	POL	28
26	POL	86	POL	POL	POL	POL	POL	28
27	0.9	86	77.4	19.0	8.10	22.0	YES	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		86						28

3 If Cl2 at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012