

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

County: **Douglas**
 Month/Year: **Sep-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	POL	0.04	0.03	0.04
3	0.03	POL	POL	POL	POL	POL	0.03
4	POL	POL	POL	POL	POL	POL	POL
5	POL	POL	POL	POL	POL	POL	POL
6	POL	POL	0.04	0.04	0.03	0.03	0.04
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	POL	POL	POL	POL
11	POL	POL	POL	POL	POL	POL	POL
12	POL	POL	POL	POL	POL	POL	POL
13	POL	POL	POL	0.04	0.03	0.03	0.04
14	POL	POL	POL	POL	POL	POL	POL
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	0.04	0.03	0.03	0.03	0.04
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	POL	0.04	0.03	0.03	0.04
26	POL	POL	POL	POL	POL	POL	POL
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	0.03	0.03	0.04
31							

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

Notes:	PRINTED NAME: Jonathan Woody	
	SIGNATURE: <i>John Woody</i>	DATE: 10-9-24
	PHONE #: (505) 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

WTP - : A

System Name: USFS Tiller Ranger Station	ID#: 41	01092	Month/Year: 24-Sep	Disinfection <i>Giardia</i> Log Inactive: 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	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
2	0.6	86	51.6	23.0	8.10	11.5	YES	28
3	1	86	86.0	23.0	8.30	12.9	YES	28
4	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
5	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
6	1	86	86.0	21.0	8.10	13.7	YES	28
7	1.7	86	146.2	22.0	8.00	13.4	YES	28
8	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
9	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
10	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
11	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
12	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
13	1.5	86	129.0	20.0	8.20	16.1	YES	28
14	1.2	86	103.2	20.0	8.20	15.6	YES	28
15	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
16	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
17	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
18	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
19	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
20	0.9	86	77.4	20.0	8.30	15.6	YES	28
21	1	86	86.0	19.0	8.20	16.3	YES	28
22	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
23	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
24	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
25	0.8	86	68.8	19.0	8.30	16.5	YES	28
26	0.8	86	68.8	19.0	8.20	15.9	YES	28
27	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
28	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
29	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
30	0.8	86	68.8	19.0	8.20	15.9	YES	28
31		86						28

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

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350