

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**
 Month/Year: **Oct-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	POL	POL	POL	POL
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	0.03	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	0.04	0.03	0.03	0.04
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	POL	POL	POL
16	POL	POL	POL	POL	POL	POL	POL
17	POL	POL	POL	0.04	0.03	0.03	0.04
18	POL	POL	POL	POL	POL	POL	POL
19	POL	POL	POL	POL	POL	POL	POL
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	0.04	0.03	0.03	0.04
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	POL	POL	POL	POL
28	POL	POL	POL	POL	POL	POL	POL
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	0.04	0.03	0.03	0.04
31	POL	POL	POL	POL	POL	POL	POL

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No
 All 4-hour turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE2 triggers Yes / No

CT's met everyday? (see back) Yes / No

All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: **Jonathan Woody**

SIGNATURE: *Jonathan Woody*

DATE: **11-9-24**

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: Oct-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	0.8	86	68.8	18.0	8.30	17.6	YES	28
2	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
3	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
4	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
5	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
6	1.2	86	103.2	18.0	8.30	18.5	YES	28
7	1	86	86.0	18.0	8.30	18.0	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	1.2	86	103.2	18.0	8.30	18.5	YES	28
12	0.6	86	51.6	18.0	8.20	16.6	YES	28
13	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
14	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
15	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
16	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
17	1.2	86	103.2	18.0	8.30	18.5	YES	28
18	0.6	86	51.6	18.0	8.20	16.6	YES	28
19	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
20	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
21	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
22	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
23	1	86	86.0	17.0	8.30	19.3	YES	28
24	0.6	86	51.6	16.0	8.30	19.7	YES	28
25	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
26	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	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	0.7	86	60.2	16.0	8.30	19.9	YES	28
31	0.6	86	51.6	16.0	8.20	19.0	YES	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.