OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Jul-25

System Name: 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	0.04	0.04	0.04	0.04
4	0.04	POL	POL	POL	POL	POL	0.04
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	0.04	0.04	0.04	0.04	0.04
9	0.04	POL	POL	POL	POL	POL	0.04
10	POL	POL	0.04	POL	POL	POL	0.04
11	POL	POL	POL	POL	POL	POL	POL
12	POL	POL	POL	POL	POL	POL	POL
13	POL	POL	POL	0.04	0.04	0.04	0.04
14	POL	POL	POL	0.04	POL	POL	0.04
15	POL	POL	POL	0.04	0.06	POL	0.06
16	POL	POL	POL	0.04	0.04	POL	0.05
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	0.06	0.04	0.04	0.06
21	0.04	POL	POL	0.04	POL	POL	0.04
22	POL	POL	POL	POL	POL	POL	POL
23	POL	POL	POL	POL	POL	POL	POL
24	POL	POL	POL	0.04	0.04	POL	0.04
25	POL	POL	POL	POL	POL	POL	POL
26	POL	POL	POL	0.04	0.04	0.04	0.04
27	0.04	POL	POL	POL	POL	POL	0.04
28	POL	POL	POL	POL	POL	POL	POL
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	POL	0.04	0.04	0.04
31	0.04	POL	POL	POL	POL	POL	0.04

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No

All 4-hour turbidity readings ≤ 1 NTU? (Yes) / No

All turbidity readings < IFE[2] triggers (Yes) / No

Monthly Summary (Answer Yes or No)

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

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

Notes:

PRINTED NAME: John Woody

SIGNATURE: John Woody **DATE:** 8-8-25

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
Disinfection *Giardia*	0.5

System Name:	Tiller Ranger Station	ID#: 41	01092	Month/Year:	25-Jul

Date / Time	Minimum Cl_2 [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	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
2	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
3	1.1	86	94.6	19.0	8.30	17.1	YES	28
4	1	86	86.0	20.0	8.20	15.2	YES	28
5	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
6	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
7	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
8	0.7	86	60.2	19.0	8.40	16.9	YES	28
9	1	86	86.0	19.0	8.40	17.5	YES	28
10	0.5	86	43.0	20.0	8.40	15.5	YES	28
11	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
12	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
13	0.6	86	51.6	22.0	8.30	13.2	YES	28
14	0.6	86	51.6	22.0	8.30	13.2	YES	28
15	1	86	86.0	23.0	8.40	13.4	YES	28
16	1	86	86.0	23.0	8.30	12.9	YES	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	0.8	86	68.8	23.0	8.30	12.6	YES	28
21	0.8	86	68.8	22.0	8.40	14.0	YES	28
22	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
23	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
24	1.2	86	103.2	23.0	8.40	13.7	YES	28
25	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
26	1	86	86.0	23.0	8.30	12.9	YES	28
27	0.6	86	51.6	23.0	8.30	12.3	YES	28
28	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
29	POL	86	#VALUE!	POL	POL	#VALUE!	#VALUE!	28
30	0.9	86	77.4	24.0	8.40	12.4	YES	28
31	0.8	86	68.8	24.0	8.40	12.3	YES	28

If Cl_2 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