

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Feb-21

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	0.05	POL	POL	0.05
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	POL	POL	POL	POL
11	POL	POL	0.10	0.05	0.04	0.04	0.12
12	POL	POL	0.04	POL	POL	POL	0.04
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	0.06	POL	POL	0.06
17	POL	POL	POL	POL	POL	POL	POL
18	POL	POL	POL	0.13	0.06	POL	0.13
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	0.06	0.04	0.04	0.06
23	0.04	0.04	POL	POL	POL	POL	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							
30							
31							

Conventional or Direct Filtration 95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE2 triggers <input checked="" type="radio"/> Yes / No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
Notes:		PRINTED NAME: Jonathan Woody SIGNATURE: <i>Jonathan Woody</i> DATE: 3-9-21 PHONE #: (641) 643-6137 CERT #: 7232	

1 Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 1-7, All through 7 PM may not correspond to continuous readings' maximums. 2 IFE = Inflow Filter Error. (333-061-6048(1)(a)(BAC))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: USFS Tiller Ranger Station ID#: 41 01092 Month/Year: Feb-21
 Disinfection Giardia Log Inactv: 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	POL	86	POL	POL	POL	POL	POL	28
2	POL	86	POL	POL	POL	POL	POL	28
3	POL	86	POL	POL	POL	POL	POL	28
4	1.1	86	94.6	9.0	8.30	33.1	Yes	28
5	POL	86	POL	POL	POL	POL	POL	28
6	0.6	86	51.6	11.0	7.80	22.9	Yes	28
7	1.2	86	103.2	11.0	7.90	25.4	Yes	28
8	POL	86	POL	POL	POL	POL	POL	28
9	POL	86	POL	POL	POL	POL	POL	28
10	POL	86	POL	POL	POL	POL	POL	28
11	0.6	86	51.6	10.0	7.60	22.8	Yes	28
12	0.8	86	68.8	9.0	8.20	30.9	Yes	28
13	0.6	86	51.6	9.0	8.30	31.3	Yes	28
14	1.1	86	94.6	10.0	8.30	31.0	Yes	28
15	0.9	86	77.4	11.0	8.30	28.3	Yes	28
16	POL	86	POL	POL	POL	POL	POL	28
17	0.6	86	51.6	10.0	8.30	29.2	Yes	28
18	0.6	86	51.6	10.0	7.70	23.6	Yes	28
19	1.1	86	94.6	10.0	7.70	25.0	Yes	28
20	0.6	86	51.6	10.0	7.70	23.6	Yes	28
21	0.6	86	51.6	9.0	7.50	23.5	Yes	28
22	1	86	86.0	9.0	7.70	26.4	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	0.6	86	51.6	12.0	8.60	28.4	Yes	28
28	0.6	86	51.6	12.0	8.50	27.4	Yes	28
29		86						28
30		86						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