

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

County: **Douglas**  
 Month/Year: **May-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	0.05	0.08	0.04	0.04	0.11
5	0.05	POL	POL	POL	POL	POL	0.05
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	0.05	0.05	0.04	0.04	0.05
12	0.04	POL	POL	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	POL	POL	POL	POL
17	POL	POL	POL	POL	POL	POL	POL
18	POL	POL	POL	POL	POL	POL	POL
19	POL	POL	0.06	0.04	0.04	0.04	0.13
20	POL	POL	POL	POL	POL	POL	POL
21	POL	POL	POL	POL	POL	POL	POL
22	POL	POL	POL	0.06	POL	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	0.04	0.04	0.04	0.04	0.05
28	0.04	POL	POL	POL	POL	POL	0.04
29	POL	POL	POL	POL	POL	POL	POL
30	POL	POL	POL	POL	POL	POL	POL
31	POL	POL	0.04	0.04	0.04	0.04	0.07

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE2 triggers	Yes / No		
<b>Notes:</b>		<b>PRINTED NAME: Jonathan Woody</b>	
		<b>SIGNATURE:</b> <i>Jonathan Woody</i>	<b>DATE:</b> 6-8-21
		<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 = Individual Filter Eff. (333-861-8048)(1)(a)(B&C)

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: USFS Tiller Ranger Station					ID#: 41	01092	Month/Year: May-21	WTP -: A	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	11.0	8.10	32.0	Yes	28
2	0.6	86	51.6	11.0	8.20	31.0	Yes	28
3	POL	86	POL	POL	POL	POL	POL	28
4	0.6	86	51.6	12.0	8.00	26.0	Yes	28
5	0.6	86	51.6	12.0	8.00	26.0	Yes	28
6	0.6	86	51.6	13.0	8.10	31.0	Yes	28
7	POL	86	POL	POL	POL	POL	POL	28
8	1	86	86.0	13.0	8.10	33.0	Yes	28
9	0.6	86	51.6	12.0	7.90	26.0	Yes	28
10	POL	86	POL	POL	POL	POL	POL	28
11	0.8	86	68.8	16.0	7.80	18.0	Yes	28
12	0.6	86	51.6	14.0	8.10	31.6	Yes	28
13	1.3	86	111.8	15.0	8.20	23.0	Yes	28
14	0.8	86	68.8	15.0	8.00	18.0	Yes	28
15	0.6	86	51.6	15.0	8.10	20.0	Yes	28
16	1.4	86	120.4	15.0	8.10	23.0	Yes	28
17	POL	86	POL	POL	POL	POL	POL	28
18	POL	86	POL	POL	POL	POL	POL	28
19	0.6	86	51.6	15.0	8.00	17.0	Yes	28
20	POL	86	POL	POL	POL	POL	POL	28
21	POL	86	POL	POL	POL	POL	POL	28
22	1.2	86	103.2	16.0	8.00	19.0	Yes	28
23	0.8	86	68.8	16.0	8.10	21.0	Yes	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	16.0	7.90	17.0	Yes	28
28	POL	86	POL	POL	POL	POL	POL	28
29	0.4	86	34.4	15.0	7.90	17.0	Yes	28
30	1	86	86.0	16.0	8.20	22.0	Yes	28
31	0.6	86	51.6	16.0	8.10	20.0	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.