

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas  
 Month/Year: Nov-23  
 WTP : TP - A

Conventional or Direct Filtration

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	0.03	0.02	POL	POL	0.03
4	POL	POL	POL	POL	POL	POL	POL
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	0.04	0.03	0.02	0.04
10	POL	POL	POL	0.03	POL	POL	0.03
11	POL	POL	POL	0.03	POL	POL	0.07
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	POL	POL	POL	POL
18	POL	POL	POL	0.06	0.03	0.03	0.06
19	0.02	POL	POL	POL	POL	POL	0.02
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	POL	POL	POL	POL
24	POL	POL	POL	POL	POL	POL	POL
25	POL	POL	POL	POL	0.04	0.03	0.04
26	0.02	POL	POL	POL	POL	POL	0.02
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	POL	POL	POL
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> PHONE #: ( 541 ) 643-6137 DATE: 12-8-23 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)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: USFS Tiller Ranger Station					ID#: 41	01092	Month/Year: Nov-23	WTP - : A	Disinfection Giardia Log Inactiv: 0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.6	86	51.6	15.0	8.30	20.0	YES	28
2	POL	86	POL	POL	POL	POL	POL	28
3	0.6	86	51.6	15.0	8.20	20.0	YES	28
4	POL	86	POL	POL	POL	POL	POL	28
5	POL	86	POL	POL	POL	POL	POL	28
6	POL	86	POL	POL	POL	POL	POL	28
7	POL	86	POL	POL	POL	POL	POL	28
8	POL	86	POL	POL	POL	POL	POL	28
9	1.2	86	103.2	15.0	8.00	19.0	YES	28
10	1.3	86	111.8	11.0	7.80	28.0	YES	28
11	1.6	86	137.6	12.0	7.80	29.0	YES	28
12	POL	86	POL	POL	POL	POL	POL	28
13	POL	86	POL	POL	POL	POL	POL	28
14	POL	86	POL	POL	POL	POL	POL	28
15	POL	86	POL	POL	POL	POL	POL	28
16	POL	86	POL	POL	POL	POL	POL	28
17	POL	86	POL	POL	POL	POL	POL	28
18	1.3	86	111.8	15.0	7.80	19.0	YES	28
19	POL	86	POL	POL	POL	POL	POL	28
20	POL	86	POL	POL	POL	POL	POL	28
21	POL	86	POL	POL	POL	POL	POL	28
22	POL	86	POL	POL	POL	POL	POL	28
23	POL	86	POL	POL	POL	POL	POL	28
24	POL	86	POL	POL	POL	POL	POL	28
25	0.8	86	68.8	13.0	8.00	26.0	YES	28
26	POL	86	POL	POL	POL	POL	POL	28
27	POL	86	POL	POL	POL	POL	POL	28
28	POL	86	POL	POL	POL	POL	POL	28
29	POL	86	POL	POL	POL	POL	POL	28
30	POL	86	POL	POL	POL	POL	POL	28
31		86						28

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.  
 PAGE 2 of 2

Revised February 2012