

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Linn

Conventional or Direct Filtration

Month/Year: Dec-24

System Name:	Cascade Pacific Pulp		ID#:	OR4192152			WTP :	WTP-A
Day	7 AM [NTU]	11 AM [NTU]	3 PM [NTU]	7 PM [NTU]	11 PM [NTU]	3 AM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]	
1	0.06	0.05	0.06	0.06	0.08	0.08	0.08	
2	0.08	0.06	0.06	0.06	0.07	0.06	0.07	
3	0.08	0.05	0.06	0.06	0.06	0.08	0.08	
4	0.04	0.05	0.06	0.07	0.05	0.06	0.07	
5	0.05	0.08	0.07	0.08	0.07	0.06	0.08	
6	0.06	0.08	0.08	0.05	0.06	0.07	0.08	
7	0.06	0.06	0.05	0.07	0.06	0.07	0.07	
8	0.07	0.06	0.06	0.07	0.06	0.07	0.07	
9	0.07	0.07	0.07	0.06	0.07	0.08	0.08	
10	0.06	0.07	0.07	0.05	0.06	0.06	0.07	
11	0.06	0.07	0.06	0.05	0.06	0.07	0.07	
12	0.08	0.05	0.06	0.05	0.06	0.05	0.08	
13	0.06	0.07	0.07	0.06	0.05	0.07	0.07	
14	0.07	0.08	0.08	0.05	0.04	0.06	0.08	
15	0.08	0.08	0.09	0.06	0.06	0.05	0.09	
16	0.05	0.04	0.07	0.06	0.08	0.06	0.08	
17	0.06	0.05	0.07	0.07	0.09	0.08	0.09	
18	0.09	0.07	0.08	0.07	0.07	0.06	0.09	
19	0.07	0.06	0.07	0.09	0.07	0.09	0.09	
20	0.04	0.04	0.05	0.07	0.06	0.07	0.07	
21	0.04	0.05	0.05	0.06	0.08	0.07	0.08	
22	0.07	0.07	0.08	0.04	0.05	0.06	0.08	
23	0.06	0.07	0.05	0.05	0.06	0.05	0.07	
24	0.05	0.05	0.06	0.05	0.07	0.05	0.07	
25	0.04	0.04	0.04	0.05	0.04	0.06	0.06	
26	0.05	0.06	0.05	0.04	0.05	0.07	0.07	
27	0.06	0.05	0.07	0.04	0.07	0.05	0.07	
28	0.06	0.05	0.07	0.07	0.05	0.07	0.07	
29	0.06	0.05	0.06	0.06	0.08	0.07	0.08	
30	0.07	0.07	0.06	0.06	0.07	0.06	0.07	
31	0.08	0.05	0.07	0.07	0.07	0.07	0.08	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes:	PRINTED NAME: Darrel Lockard	
	SIGNATURE: Darrel Lockard	DATE: 1/3/2025
	PHONE #: ( ) 541-505-9968	CERT #: 2853

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

<b>System Name:</b> Cascade Pacific Pulp						<b>ID#:</b> OR4192152		<b>Month/Year:</b> Dec-24		<b>WTP - :</b>	<b>WTP-A</b>
										<b>Disinfection <i>Giardia</i> Log Inactive:</b>	1

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	1.45	80	116.0	9.2	7.01	42.9	YES	85
2	1.35	80	108.0	9.5	7.25	45.3	YES	102.3
3	1.45	80	116.0	8.5	7.26	49.1	YES	92.7
4	1.49	80	119.2	8.4	7.23	49.1	YES	91.3
5	1.63	80	130.4	8.4	7.31	51.4	YES	92.5
6	1.4	80	112.0	8.0	6.84	43.5	YES	92.6
7	1.26	80	100.8	9.4	7.19	44.2	YES	93.4
8	1.44	80	115.2	9.6	7.32	46.6	YES	108.3
9	1.42	80	113.6	11.5	7.14	38.5	YES	116
10	1.46	80	116.8	9.0	7.31	48.4	YES	118.5
11	1.43	80	114.4	8.2	7.34	51.4	YES	123.9
12	1.43	80	114.4	9.2	7.33	47.9	YES	128.5
13	1.5	80	120.0	9.0	7.27	47.9	YES	112.6
14	1.35	80	108.0	9.2	6.98	42.0	YES	107.7
15	1.45	80	116.0	9.0	6.91	42.0	YES	105.9
16	1.4	80	112.0	10.6	7.15	40.9	YES	118.42
17	1.36	80	108.8	10.3	7.17	41.8	YES	106.7
18	1.51	80	120.8	10.9	7.25	42.0	YES	106.2
19	2.23	80	178.4	11.0	7.19	44.3	YES	119.2
20	1.33	80	106.4	11.0	7.19	40.1	YES	113.3
21	1.38	80	110.4	10.6	7.11	40.2	YES	99.3
22	1.47	80	117.6	11.5	7.07	37.8	YES	98.3
23	1.42	80	113.6	10.3	6.58	34.3	YES	112.4
24	1.43	80	114.4	10.6	7.03	39.3	YES	108.9
25	1.4	80	112.0	10.1	6.58	34.7	YES	103
26	1.48	80	118.4	10.6	7.05	39.8	YES	105.8
27	1.74	80	139.2	11.6	7.07	38.7	YES	103.9
28	1.3	80	104.0	11.5	7.04	36.7	YES	108.1
29	1.36	80	108.8	11.0	6.97	37.3	YES	112.3
30	1.32	80	105.6	10.4	6.40	31.7	YES	121.3
31	1.27	80	101.6	10.0	6.41	32.5	YES	109.6

<sup>3</sup> If Cl<sub>2</sub> 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