OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Linn

Month/Year: Mar-25

System Name: Cascade Pacific Pulp **ID#:** OR4192152 **WTP : TP -** 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 [1] [NTU]
1	0.05	0.06	0.06	0.08	0.08	0.08	0.08
2	0.06	0.05	0.06	0.05	0.06	0.07	0.07
3	0.06	0.06	0.06	0.05	0.07	0.07	0.07
4	0.06	0.07	0.08	0.07	0.06	0.05	0.08
5	0.06	0.08	0.09	0.06	0.06	0.08	0.09
6	0.06	0.08	0.08	0.08	0.08	0.08	0.08
7	0.07	0.06	0.07	0.09	0.08	0.08	0.09
8	0.05	0.06	0.06	0.07	0.07	0.08	0.08
9	0.07	0.07	0.06	0.07	0.07	0.09	0.09
10	0.07	0.06	0.07	0.08	0.09	0.09	0.09
11	0.08	0.06	0.07	0.08	0.09	0.08	0.09
12	0.08	0.09	0.07	0.07	0.08	0.08	0.09
13	0.07	0.08	0.06	0.08	0.09	0.09	0.09
14	OFF	OFF	OFF	OFF	0.12	0.13	0.13
15	0.08	0.06	0.09	0.10	0.09	0.08	0.10
16	0.05	0.04	0.06	0.11	0.10	0.07	0.11
17	0.09	0.06	0.08	0.08	0.09	0.08	0.09
18	0.08	0.05	0.05	0.08	0.07	0.08	0.08
19	0.07	0.07	0.06	0.06	0.07	0.07	0.07
20	0.07	0.08	0.08	0.06	0.05	0.05	0.08
21	0.05	0.07	0.08	0.07	0.05	0.06	0.08
22	0.06	0.06	0.07	0.08	0.09	0.09	0.09
23	0.07	0.08	0.09	0.09	0.09	0.09	0.09
24	0.06	0.07	0.05	0.07	0.08	0.07	0.08
25	0.08	0.07	0.09	0.07	0.09	0.09	0.09
26	0.07	0.07	0.06	0.09	0.07	0.07	0.09
27	0.06	0.07	0.05	0.07	0.07	0.07	0.07
28	0.09	0.06	0.08	0.06	0.07	0.06	0.09
29	0.08	0.08	0.09	0.07	0.06	0.08	0.09
30	0.07	0.06	0.08	0.08	0.08	0.09	0.09
31	0.07	0.06	0.09	0.08	0.06	0.07	0.09

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: Darrel Lockard

SIGNATURE: Darrel Lockard **DATE:** 4/4/2025

PHONE #: (541) 505-9968 **CERT #:** 2853

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

System Name: **ID#: 41** **Month/Year:** **WTP - :**

Disinfection *Giardia* 1

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? [1] Yes / No	Peak Hourly [GPM]
1	1.38	80	110.4	10.8	7.02	38.5	YES	105.4
2	1.45	80	116.0	10.9	6.83	36.1	YES	101.1
3	1.43	80	114.4	11.3	7.02	37.5	YES	110.3
4	1.55	80	124.0	10.9	7.00	38.7	YES	105.3
5	1.44	80	115.2	10.8	7.09	39.7	YES	101.7
6	1.38	80	110.4	10.7	7.11	40.0	YES	103.8
7	1.38	80	110.4	10.7	7.09	39.7	YES	102
8	1.44	80	115.2	10.8	6.89	37.0	YES	104.6
9	1.38	80	110.4	11.3	7.05	37.6	YES	107.8
10	1.46	80	116.8	11.1	7.11	39.3	YES	110.3
11	1.43	80	114.4	11.0	6.92	36.9	YES	92.9
12	1.38	80	110.4	11.5	6.96	36.0	YES	82.5
13	1.33	80	106.4	10.6	6.93	37.6	YES	85.1
14	2.81	80	224.8	10.8	6.82	42.1	YES	122.4
15	1.31	80	104.8	10.3	6.95	38.5	YES	88.6
16	1.3	80	104.0	10.2	6.94	38.6	YES	87.9
17	1.3	80	104.0	9.6	6.91	39.7	YES	93.2
18	1.24	80	99.2	10.6	6.89	36.7	YES	89.3
19	1.26	80	100.8	11.1	7.04	37.5	YES	83.4
20	1.15	80	92.0	10.5	7.00	38.0	YES	87.8
21	1.63	80	130.4	10.5	6.99	39.9	YES	86.3
22	1.24	80	99.2	11.6	6.97	35.4	YES	81.4
23	1.38	80	110.4	12.6	6.99	33.3	YES	84
24	1.41	80	112.8	11.7	6.49	30.4	YES	94.9
25	1.43	80	114.4	12.4	6.46	28.9	YES	85.2
26	1.42	80	113.6	13.5	6.76	28.9	YES	85.8
27	1.43	80	114.4	13.1	6.93	31.6	YES	94.9
28	1.52	80	121.6	12.1	6.90	34.5	YES	91.3
29	1.37	80	109.6	11.6	6.85	34.4	YES	96.6
30	1.51	80	120.8	11.4	7.04	37.8	YES	96.2
31	1.39	80	111.2	11.0	6.87	36.1	YES	107.7

If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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