

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:

Linn

Month/Year:

Jul-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]	Highest Reading of the Day <sup>1</sup> [NTU]
1		0.07	0.10	0.10	0.12	0.11	0.12
2		0.11	0.13	0.12	0.13	0.11	0.13
3		0.11	0.12	0.12	0.12	0.13	0.13
4		0.12	0.13	0.12	0.13	0.12	0.13
5		0.13	0.14	0.11	0.13	0.13	0.14
6		0.13	0.12	0.13	0.13	0.13	0.14
7		0.13	0.13	0.12	0.14	0.13	0.14
8		0.12	0.16	0.15	0.13	0.12	0.16
9		0.14	0.15	0.13	0.08	0.08	0.15
10		0.10	0.10	0.08	0.07	0.09	0.10
11		0.08	0.09	0.09	0.09	0.08	0.09
12		0.09	0.09	0.08	0.08	0.09	0.09
13		0.09	0.09	0.09	0.09	0.10	0.10
14		0.09	0.09	0.09	0.08	0.08	0.09
15		0.10	0.10	0.10	0.09	0.10	0.10
16		0.11	0.10	0.12	0.09	0.09	0.12
17		0.13	0.10	0.12	0.12	0.10	0.10
18		0.12	0.10	0.11	0.11	0.10	0.12
19		0.10	0.10	0.10	0.12	0.10	0.12
20		0.10	0.11	0.10	0.10	0.11	0.11
21		0.11	0.09	0.11	0.10	0.11	0.11
22		0.11	0.12	0.13	0.15	0.12	0.15
23		0.11	0.15	0.14	0.20	0.12	0.2 (Process Control Issue)
24		0.14	0.12	0.11	0.14	0.15	0.15
25		0.11	0.14	0.13	0.15	0.14	0.15
26		0.11	0.12	0.13	0.09	0.13	0.13
27		0.10	0.11	0.12	0.14	0.13	0.14
28		0.11	0.12	0.11	0.12	0.11	0.12
29		0.12	0.12	0.10	0.13	0.11	0.13
30		0.13	0.15	0.12	0.13	0.10	0.13
31		0.10	0.09	0.11	0.11	0.13	0.13
<b>Conventional or Direct Filtration</b>						<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?			<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?	
All 4-hour turbidity readings ≤ 1 NTU?			<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All turbidity readings < IFE <sup>2</sup> triggers			<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				
Notes:				PRINTED NAME: <i>Darrel Larkind</i> SIGNATURE: <i>Darrel Larkind</i> DATE: 8/8/25 PHONE #: (341) 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**

System Name:		ID#:	41	Month/Year:		WTP - :	Disinfection <i>Gardia</i> Log Inactive:	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	1.53	80	122.4	23.9	7.24	17.4	YES	86.9
2	2.61	80	208.8	23.1	7.14	20.0	YES	89.6
3	1.32	80	105.6	22.4	7.13	18.0	YES	88.8
4	1.44	80	115.2	20.8	7.06	19.8	YES	82.9
5	1.49	80	119.2	20.6	7.07	20.3	YES	83.8
6	1.3	80	104.0	22.3	7.00	17.2	YES	86.3
7	1.4	80	112.0	22.1	7.08	18.2	YES	92.2
8	1.46	80	116.8	22.4	7.02	17.6	YES	95.1
9	1.5	80	120.0	22.0	6.95	17.7	YES	94.2
10	1.47	80	117.6	22.3	6.92	17.1	YES	95.1
11	1.46	80	116.8	22.7	6.95	16.8	YES	86.3
12	1.47	80	117.6	22.7	6.87	16.3	YES	85.6
13	1.45	80	116.0	24.3	7.02	15.4	YES	86.1
14	1.45	80	116.0	23.7	7.04	16.2	YES	92.9
15	1.13	80	90.4	24.0	7.03	15.2	YES	80.6
16	1.31	80	104.8	22.9	7.07	17.0	YES	85.9
17	1.03	80	82.4	23.8	7.04	15.3	YES	88.8
18	1.2	80	96.0	22.4	6.97	16.7	YES	86.5
19	1.18	80	94.4	22.7	6.98	16.4	YES	81.6
20	1.1	80	88.0	22.5	7.03	16.8	YES	80.7
21	1.15	80	92.0	21.8	7.01	17.6	YES	105.5
22	1.09	80	87.2	20.6	7.10	19.6	YES	109.7
23	1.27	80	101.6	23.2	6.96	15.9	YES	107.8
24	1.25	80	100.0	22.6	7.06	17.2	YES	109.7
25	1.27	80	101.6	21.8	6.89	17.0	YES	101.5
26	1.25	80	100.0	22.5	7.15	17.9	YES	82.5
27	1.21	80	96.8	22.2	6.97	17.0	YES	98
28	0.91	80	72.8	21.5	6.92	16.9	YES	91.2
29	1.25	80	100.0	23.2	7.08	16.6	YES	90
30	1.22	80	97.6	22.6	6.87	15.9	YES	83.9
31	1.27	80	101.6	23.1	6.88	15.5	YES	90.4

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.dmc@oha.oregon.gov](mailto:dwp.dmc@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350  
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