

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Linn

Conventional or Direct Filtration

Month/Year: Dec-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	0.06	0.06	0.06	0.07	0.11	0.06	0.11	
2	0.06	0.10	0.05	0.08	0.08	0.06	0.10	
3	0.04	0.05	0.05	0.06	0.05	0.05	0.06	
4	0.05	0.07	0.07	0.06	0.05	0.05	0.07	
5	0.04	0.06	0.04	0.04	0.05	0.06	0.06	
6	0.04	0.06	0.05	0.07	0.06	0.06	0.07	
7	0.10	0.07	0.08	0.04	0.06	0.08	0.10	
8	0.09	0.06	0.12	0.06	0.07	0.06	0.12	
9	0.09	0.03	0.07	0.06	0.06	0.04	0.09	
10	0.06	0.06	0.06	0.05	0.09	0.04	0.09	
11	0.06	0.04	0.06	0.09	0.04	0.05	0.09	
12	0.08	0.04	0.05	0.08	0.07	0.04	0.08	
13	0.04	0.04	0.04	0.05	0.05	0.05	0.05	
14	0.06	0.07	0.05	0.06	0.08	0.10	0.10	
15	0.05	0.10	0.07	0.04	0.07	0.06	0.10	
16	0.09	0.06	0.09	0.09	0.06	0.09	0.09	
17	0.07	0.06	0.03	0.05	0.05	0.08	0.08	
18	0.07	0.07	0.06	0.10	0.05	0.04	0.10	
19	0.06	0.08	0.06	0.04	0.03	0.04	0.08	
20	0.06	0.08	0.08	0.04	0.04	0.04	0.08	
21	0.08	0.05	0.04	0.08	0.06	0.05	0.08	
22	0.03	0.05	0.05	0.05	0.06	0.06	0.06	
23	0.03	0.06	0.06	0.11	0.06	0.06	0.11	
24	0.06	0.07	0.06	0.06	0.10	0.12	0.12	
25	0.05	0.03	0.07	0.11	0.07	0.09	0.11	
26	0.10	0.10	0.10	0.12	0.12	0.09	0.12	
27	0.11	0.10	0.09	0.09	0.08	0.10	0.11	
28	0.10	0.09	0.10	0.11	0.11	0.06	0.11	
29	0.09	0.05	0.07	0.11	0.07	0.08	0.11	
30	0.10	0.06	0.06	0.08	0.07	0.06	0.10	
31	0.08	0.08	0.09	0.08	0.06	0.07	0.09	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
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 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

Notes:	PRINTED NAME: Darrel Lockard	
	SIGNATURE: Darrel Lockard	DATE: 1/6/2026
	PHONE #: (541) 505-9968	CERT #: 2853

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

WTP - :

System Name:	ID#: 41	Month/Year:	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.35	80	108.0	11.3	7.09	38.0	YES	81.7
2	1.26	80	100.8	10.7	7.11	39.4	YES	80.6
3	1.29	80	103.2	10.6	7.17	40.7	YES	81.4
4	1.39	80	111.2	10.4	7.04	39.8	YES	76
5	1.28	80	102.4	11.6	7.03	36.3	YES	79.1
6	1.32	80	105.6	11.8	7.02	35.8	YES	78.5
7	1.23	80	98.4	12.4	6.99	33.8	YES	84.8
8	1.28	80	102.4	12.5	7.10	34.5	YES	93.7
9	1.26	80	100.8	12.4	7.02	34.3	YES	84.2
10	1.35	80	108.0	13.5	6.98	31.1	YES	88.9
11	1.31	80	104.8	13.3	6.99	31.5	YES	79.6
12	1.39	80	111.2	12.3	7.10	35.9	YES	87.5
13	1.38	80	110.4	12.9	7.07	33.6	YES	78.9
14	1.42	80	113.6	10.4	7.16	41.7	YES	79.2
15	1.35	80	108.0	12.5	7.21	36.2	YES	86.3
16	1.39	80	111.2	12.3	7.17	36.8	YES	81.3
17	1.5	80	120.0	11.1	7.04	38.5	YES	80.8
18	1.43	80	114.4	11.9	7.26	39.2	YES	85
19	1.33	80	106.4	12.2	7.46	40.7	YES	83.2
20	1.26	80	100.8	12.1	7.35	39.1	YES	76.5
21	1.28	80	102.4	11.3	7.41	42.2	YES	83.2
22	1.26	80	100.8	12.1	7.14	36.4	YES	90.5
23	1.67	80	133.6	11.1	7.10	40.1	YES	85.6
24	1.27	80	101.6	10.7	7.26	41.6	YES	86.4
25	1.25	80	100.0	10.8	7.17	40.0	YES	94.8
26	1.36	80	108.8	10.7	7.14	40.3	YES	77.2
27	1.4	80	112.0	10.7	7.03	39.0	YES	81.6
28	1.4	80	112.0	10.3	7.11	41.1	YES	82.3
29	1.39	80	111.2	9.6	7.10	42.9	YES	91.6
30	1.34	80	107.2	11.6	6.98	35.9	YES	88.7
31	1.46	80	116.8	10.0	7.10	42.1	YES	83.8

³ If Cl₂ 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
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