

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Linn

Conventional or Direct Filtration

Month/Year: Mar-26

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 <sup>1</sup> [NTU]
1	0.07	0.05	0.05	0.05	0.04	0.03	0.07
2	0.05	0.04	0.05	0.03	0.03	0.04	0.05
3	0.09	0.04	0.04	0.07	0.04	0.04	0.09
4	0.04	0.09	0.03	0.05	0.06	0.06	0.09
5	0.07	0.07	0.04	0.06	0.09	0.08	0.09
6	0.04	0.04	0.05	0.04	0.06	0.10	0.10
7	0.03	0.03	0.03	0.04	0.04	0.05	0.05
8	0.03	0.03	0.04	0.07	0.04	0.04	0.07
9	0.06	0.07	0.08	0.07	0.05	0.05	0.08
10	0.04	0.05	0.07	0.05	0.06	0.04	0.07
11	0.04	0.05	0.06	0.08	0.05	0.08	0.08
12	0.08	0.04	0.05	0.05	0.06	0.05	0.08
13	0.05	0.05	0.04	0.04	0.05	0.04	0.05
14	0.07	0.08	0.05	0.05	0.05	0.06	0.08
15	0.06	0.04	0.04	0.03	0.03	0.03	0.06
16	0.06	0.07	0.09	0.06	0.06	0.07	0.09
17	0.04	0.04	0.04	0.05	0.04	0.04	0.05
18	0.04	0.06	0.04	0.05	0.04	0.04	0.06
19	0.07	0.05	0.06	0.05	0.05	0.08	0.08
20	0.07	0.05	0.06	0.06	0.03	0.03	0.07
21	0.05	0.08	0.05	0.06	0.08	0.08	0.08
22	0.08	0.06	0.05	0.08	0.06	0.08	0.08
23	0.11	0.07	0.04	0.06	0.09	0.07	0.11
24	0.10	0.07	0.04	0.07	0.05	0.10	0.10
25	0.07	0.04	0.04	0.04	0.04	0.04	0.07
26	0.03	0.03	0.07	0.03	0.04	0.04	0.07
27	0.05	0.09	0.07	0.04	0.04	0.03	0.09
28	0.04	0.09	0.08	0.05	0.04	0.03	0.09
29	0.04	0.05	0.07	0.06	0.09	0.07	0.09
30	0.05	0.04	0.05	0.07	0.08	0.06	0.08
31	0.05	0.03	0.04	0.07	0.05	0.04	0.07

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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All 4-hour turbidity readings ≤ 1 NTU? <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: Darrel Lockard	
	SIGNATURE: <i>Darrel Lockard</i>	DATE: 4/6/26
	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**

**WTP - :**

<b>System Name:</b> Cascade Pacific Pulp	<b>ID#: 41 92152</b>	<b>Month/Year:</b> 26-Mar	<b>Disinfection Giardia Log Inactive:</b>	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</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	11.5	7.09	38.0	YES	100.3
2	1.28	80	102.4	12.6	7.09	34.1	YES	89.7
3	1.4	80	112.0	12.8	7.16	35.0	YES	92.1
4	1.44	80	115.2	13.4	7.09	32.9	YES	94.5
5	1.48	80	118.4	12.9	6.78	30.5	YES	90.8
6	1.39	80	111.2	11.9	6.97	35.3	YES	88.8
7	1.42	80	113.6	13.2	6.85	30.5	YES	89.3
8	1.49	80	119.2	12.5	6.91	32.9	YES	86.2
9	1.52	80	121.6	12.3	7.01	35.4	YES	87.6
10	1.38	80	110.4	11.8	7.07	36.7	YES	85.7
11	1.48	80	118.4	11.7	7.11	37.9	YES	88.8
12	1.51	80	120.8	11.9	7.08	37.1	YES	87.3
13	1.49	80	119.2	12.9	6.92	32.2	YES	87
14	1.57	80	125.6	13.1	7.16	35.0	YES	89.3
15	1.4	80	112.0	12.2	7.13	36.6	YES	101.3
16	1.47	80	117.6	11.3	7.12	39.0	YES	98
17	1.39	80	111.2	12.8	7.10	34.2	YES	90.3
18	1.42	80	113.6	13.9	6.92	29.9	YES	85.3
19	1.24	80	99.2	14.2	7.07	30.3	YES	84.7
20	1.48	80	118.4	14.9	7.08	29.8	YES	92.8
21	1.46	80	116.8	14.5	7.03	30.0	YES	81.2
22	1.53	80	122.4	13.7	7.06	32.3	YES	102.4
23	1.51	80	120.8	13.4	6.94	31.4	YES	90.5
24	1.45	80	116.0	13.9	7.02	31.1	YES	86.4
25	1.48	80	118.4	13.5	6.78	29.3	YES	82.4
26	1.48	80	118.4	13.8	6.85	29.5	YES	82.6
27	1.49	80	119.2	13.1	7.10	33.9	YES	79.4
28	1.46	80	116.8	13.8	7.12	32.5	YES	83.4
29	0.91	80	72.8	13.8	7.07	30.0	YES	83.2
30	1.5	80	120.0	13.6	7.10	32.9	YES	92.5
31	1.44	80	115.2	13.6	7.08	32.4	YES	89.5

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