

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: March 2023

System Name: Peel Country Store ID#: 41 94255 WTP: TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1						0.051	0.051
2						0.097	0.097
3					0.059		0.059
4						0.065	0.065
5						0.063	0.063
6					0.062 →	0.082 <sup>BM</sup>	0.082 <sup>BM</sup> 0.062
7						0.066	0.066
8						0.059	0.059
9						0.064	0.064
10						0.060	0.060
11						0.070	0.070
12						0.059	0.059
13					0.159		0.159
14						0.068	0.068
15						0.065	0.065
16						0.060	0.060
17						0.065	0.065
18					0.062		0.062
19						0.060	0.060
20						0.049	0.049
21						0.053	0.053
22						0.054	0.054
23						0.051	0.051
24						0.094	0.094
25						0.064	0.064
26						0.059	0.059
27						0.063	0.063
28						0.058	0.058
29						0.055	0.055
30						0.066	0.066
31						0.055	0.055

<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="radio"/> Yes / <input type="radio"/> 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="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity reading < IFE 2 triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: <u>Jeremy L Schwab</u>
SIGNATURE: <u>[Signature]</u>
PHONE #: <u>503-310-1680</u>
DATE: <u>4-5-23</u>
CERT #: <u>09180</u>

<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)(e)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: Peel Country Store ID#: 41 94255 Month/Year: March 2023 Disinfection Giardia Log Inactiv: 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	2.4	50	120	9.9	7.0	43	Yes	25
2	3.0	↑	150	11.3	7.0	46	Yes	↑
3	2.2	↑	110	11.6	7.0	42	Yes	↑
4	2.3	↑	115	11.4	6.9	43	Yes	↑
5	2.7	↑	135	10.6	6.9	45	Yes	↑
6	2.2	↑	110	10.5	6.9	42	Yes	↑
7	1.7	↑	85	10.2	7.0	41	Yes	↑
8	1.8	↑	90	11.0	6.9	41	Yes	↑
9	2.4	↑	120	13.4	7.0	43	Yes	↑
10	2.4	↑	120	13.0	7.0	43	Yes	↑
11	2.2	↑	110	12.1	6.9	42	Yes	↑
12	2.0	↑	100	13.1	6.8	41	Yes	↑
13	2.1	↑	105	12.2	6.8	42	Yes	↑
14	1.7	↑	85	10.5	6.7	41	Yes	↑
15	1.8	↑	90	11.7	6.8	41	Yes	↑
16	2.6	↑	130	11.9	6.8	44	Yes	↑
17	2.9	↑	145	13.5	6.9	46	Yes	↑
18	2.0	↑	100	13.6	6.8	41	Yes	↑
19	2.2	↑	110	12.8	6.9	42	Yes	↑
20	1.8	↑	90	12.7	6.8	41	Yes	↑
21	1.9	↑	95	12.4	6.9	41	Yes	↑
22	2.0	↑	100	12.5	6.9	41	Yes	↑
23	2.3	↑	115	11.2	7.0	43	Yes	↑
24	1.7	↑	85	9.9	7.0	41	Yes	↑
25	2.5	↑	125	9.9	7.0	44	Yes	↑
26	2.2	↑	110	11.0	7.0	42	Yes	↑
27	2.0	↑	100	10.3	7.0	41	Yes	↑
28	1.3	↑	65	12.0	7.0	39	Yes	↑
29	1.9	↑	95	13.0	7.0	41	Yes	↑
30	2.3	↑	115	12.3	7.0	43	Yes	↑
31	2.5	√	125	12.3	6.9	44	Yes	√

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised September 2019