

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **March 2024**

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			0.054				0.054
2			0.248			0.168	0.248
3			0.110		0.107		0.110
4		0.045					0.045
5			0.041				0.041
6		0.289			0.310		0.289
7			0.102				0.102
8			0.055				0.055
9				0.273		0.129	0.273
10				0.265	0.094		0.265
11			0.194			0.197	0.197
12			0.293				0.293
13			0.224		0.217		0.224
14		0.254					0.254
15			0.237			0.052	0.237
16			0.056				0.056
17					0.058		0.058
18					0.158		0.158
19					0.098		0.098
20					0.084		0.084
21					0.078		0.078
22					0.075		0.075
23					0.073		0.073
24			0.036				0.036
25			0.041				0.041
26		0.041					0.041
27			0.038				0.038
28			0.044				0.044
29			0.049				0.049
30			0.225				0.225
31			0.174				0.174

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 Cl2 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 reading < IFE 2 triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes:

PRINTED NAME: **JEREMY L SCHWAB**  
 SIGNATURE: *Jeremy L Schwab*  
 PHONE #: **503-310-1680**  
 DATE: **4-5-24**  
 CERT #: **09180**

<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 Eff. (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 2024 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	3.0	50	150	12.0	6.5	38	Yes	25
2	3.0	↑	150	11.6	6.4	38	Yes	↑
3	3.0	↑	150	10.2	6.4	38	Yes	↑
4	1.1	↑	55	10.4	6.3	32	Yes	↑
5	1.5	↑	75	10.8	6.3	33	Yes	↑
6	2.1	↑	105	10.8	6.3	35	Yes	↑
7	2.2	↑	110	10.2	6.4	35	Yes	↑
8	2.4	↑	120	9.6	6.5	36	Yes	↑
9	2.5	↑	125	11.4	6.3	37	Yes	↑
10	2.5	↑	125	12.4	6.1	37	Yes	↑
11	2.0	↑	100	11.2	6.1	35	Yes	↑
12	2.6	↑	130	12.1	6.1	37	Yes	↑
13	2.5	↑	125	11.6	5.9	31	Yes	↑
14	2.2	↑	110	10.6	6.0	30	Yes	↑
15	2.9	↑	145	10.9	6.1	38	Yes	↑
16	2.0	↑	100	11.2	6.2	35	Yes	↑
17	2.3	↑	115	12.9	6.2	36	Yes	↑
18	3.0	↑	150	12.5	6.9	38	Yes	↑
19	2.0	↑	100	12.9	6.2	35	Yes	↑
20	2.0	↑	100	12.6	6.9	35	Yes	↑
21	2.0	↑	100	13.0	6.4	35	Yes	↑
22	2.2	↑	110	13.0	6.4	35	Yes	↑
23	2.7	↑	135	13.1	6.5	37	Yes	↑
24	1.9	↑	95	13.7	6.5	35	Yes	↑
25	1.6	↑	80	13.2	6.4	33	Yes	↑
26	1.6	↑	80	12.6	6.5	33	Yes	↑
27	1.6	↑	80	13.9	6.5	33	Yes	↑
28	1.4	↑	70	13.4	6.5	33	Yes	↑
29	1.8	↑	90	12.3	6.4	34	Yes	↑
30	2.0	↑	100	12.1	6.5	35	Yes	↑
31	0.9	↓	45	11.9	6.4	31	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.