

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Feb 2025

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 ¹ [NTU]
1			0.135		0.065		0.135
2			0.209		0.110		0.209
3		0.115			0.240		0.240
4		0.102			0.150		0.150
5		0.225			0.150		0.225
6		0.242			0.095		0.242
7		0.078			0.100		0.100
8			0.166		0.070		0.166
9			0.132	0.080			0.132
10		0.240				0.064	0.240
11		0.057				0.070	0.070
12		0.060				0.070	0.070
13		0.063					0.063
14		0.069					0.069
15			0.119				0.119
16			0.092				0.092
17			0.125				0.125
18		0.099			0.048		0.099
19		0.046			0.050		0.050
20		0.044					0.044
21		0.136					0.136
22			0.090				0.090
23			0.061				0.061
24		0.175					0.175
25		0.243					0.243
26		0.180					0.180
27			0.140				0.140
28			0.095				0.095
29							
30							
31							

<p>Conventional or Direct Filtration</p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity reading < IFE 2 triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
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Notes:

PRINTED NAME: Jeremy Schwab

SIGNATURE: *Jeremy Schwab*

PHONE #: 503-310-1680

DATE: 3-7-25

CERT #: 09180

¹ 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)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Peel Country Store	ID#: 41	94255	Month/Year: Feb 2025	WTP - : A	Disinfection Giardia Log Inactiv: 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	1.5	50	75	9.5	7.1	48	Yes	25
2	1.4	↑	70	8.5	7.1	62	Yes	
3	2.3		115	8.7	7.2	70	Yes	
4	1.9		95	8.0	7.1	67	Yes	
5	2.2		110	7.6	7.2	68	Yes	
6	2.3 2.3 ^{OK}		115	7.6	7.2	70	Yes	
7	2.3		115	8.7	7.2	70	Yes	
8	2.2		110	8.2	7.2	68	Yes	
9	2.1		105	8.5	7.2	68	Yes	
10	2.4		120	8.1	7.2	70	Yes	
11	1.6		80	9.3	7.0	53	Yes	
12	1.4		70	7.7	7.0	52	Yes	
13	2.1		105	8.4	7.1	68	Yes	
14	1.9		95	10.4	7.1	50	Yes	
15	1.7		85	9.8	6.9	41	Yes	
16	1.7		85	11.1	7.1	49	Yes	
17	1.5		75	11.8	7.1	48	Yes	
18	1.5		75	11.4	6.8	40	Yes	
19	1.6		80	11.4	6.8	40	Yes	
20	1.9		95	11.6	6.9	41	Yes	
21	1.5		75	12.2	6.9	40	Yes	
22	1.3		65	12.4	7.0	39	Yes	
23	1.5		75	12.8	6.9	40	Yes	
24	2.1		105	12.5	6.8	42	Yes	
25	1.1		55	12.6	6.1	32	Yes	
26	2.0		100	11.2	6.2	35	Yes	
27	2.1		105	11.7	6.3	35	Yes	
28	2.2		110	11.9	6.3	35	Yes	
29		↓						
30								↓
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.