

**OHA - Drinking Water Program - Turbidity Monitoring Report Form    County: Linn**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**System Name: ALBANY, CITY OF    ID #: OR4100012    WTP:-WTP-B**

**Month/Year: 1/2021**

DAY	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the Day (1)
	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]
1	0.01	0.01	0.01	0.01	0.01	0.01	0.01
2	0.01	0.01	0.01	0.01	0.02	0.02	0.02
3	0.01	0.01	0.02	0.02	0.02	0.01	0.02
4	0.01	0.01	0.01	0.01	0.02	0.02	0.02
5	0.01	0.01	0.02	0.01	0.02	0.01	0.02
6	0.01	0.01	0.02	0.01	0.01	0.01	0.02
7	0.01	0.03	0.02	0.02	0.01	0.01	0.03
8	0.01	0.01	0.01	0.02	0.02	0.01	0.02
9	0.01	0.01	0.02	0.01	0.01	0.01	0.02
10	0.01	0.01	0.02	0.01	0.01	0.01	0.02
11	0.01	0.01	0.01	0.01	0.01	0.01	0.01
12	0.01	0.01	0.01	0.01	0.02	0.01	0.02
13	0.01	0.02	0.01	0.01	0.02	0.02	0.02
14	0.02	0.01	0.01	0.01	0.01	0.01	0.02
15	0.01	0.01	0.01	0.01	0.01	0.01	0.01
16	0.01	0.01	0.01	0.01	0.01	0.01	0.01
17	0.01	0.01	0.01	0.01	0.01	0.01	0.01
18	0.01	0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21	0.01	0.01	0.01	0.01	0.01	0.01	0.01
22	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01	0.01	0.01	0.01	0.01	0.01	0.01
25	0.01	0.01	0.01	0.01	0.01	0.01	0.01
26	0.01	0.01	0.02	0.01	0.02	0.01	0.02
27	0.01	0.01	0.01	0.01	0.01	0.02	0.02
28	0.01	0.01	0.01	0.01	0.01	0.01	0.01
29	0.01	0.01	0.02	0.01	0.01	0.01	0.02
30	0.01	0.01	0.01	0.01	0.02	0.01	0.02
31	0.01	0.01	0.01	0.01	0.01	0.01	0.01

<b>Membrane Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of turbidity readings <= 1 NTU? (2)	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday?	All CL2 residuals at entry point >= 0.2 mg/l?
All daily turbidity readings <= 5 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
<b>Notes:</b>	<b>PRINTED NAME:</b> <i>Chuck Geffler</i>		<b>DATE:</b> <i>2-3-21</i>
	<b>SIGNATURE:</b> <i>[Signature]</i>		
	<b>PHONE #:</b> <i>541-990-1907</i>		<b>CERT #:</b> <i>T-7158 FE</i>

(1) Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. (2) Filtered systems only.

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

**System Name:** ALBANY, CITY OF **ID #:** OR4100012 **WTP-:**WTP-B **Month/Year:** 1/2021

Date / Time	Minimum CL2 Residual @ 1st User (C) (1)	Contact Time (T)	Actual CT	Temp.	pH	Reqd. CT	CT Met? (1)	Peak Hourly Demand Flow (2)
	[ppm or mg/L]	[minutes]	C x T	[°C]		Use tables	Yes / No	[GPM]
1	0.98	307.4	301.3	6.1	8.31	40.0	Y	4,736
2	1.03	314.9	324.3	6.2	8.29	39.7	Y	4,713
3	0.93	255.9	238.0	6.4	8.29	38.7	Y	4,937
4	0.96	297.0	285.1	6.8	8.28	37.8	Y	4,689
5	1.11	314.0	348.5	6.3	8.21	38.7	Y	4,536
6	1.15	289.5	332.9	6.6	8.12	36.8	Y	4,856
7	0.99	301.2	298.2	6.5	8.15	36.7	Y	4,823
8	0.98	262.7	257.4	6.2	8.10	36.7	Y	4,786
9	1.12	272.6	305.3	5.5	8.17	40.4	Y	4,884
10	1.11	296.9	329.6	5.6	8.24	40.9	Y	4,959
11	1.11	302.9	336.2	6.0	8.27	40.2	Y	5,021
12	1.17	299.9	350.9	6.5	8.35	40.5	Y	4,681
13	0.99	271.6	268.9	7.0	8.37	38.6	Y	4,957
14	1.00	274.2	274.2	6.3	8.13	37.0	Y	5,301
15	1.11	264.4	293.5	6.6	8.09	36.2	Y	5,504
16	1.09	274.9	299.6	6.9	8.06	35.0	Y	4,835
17	1.09	299.4	326.3	6.8	8.09	35.5	Y	4,932
18	1.08	321.8	347.5	5.8	8.20	39.6	Y	4,801
19	1.10	255.7	281.3	5.2	8.23	42.0	Y	5,084
20	1.07	311.8	333.6	4.8	8.26	43.4	Y	4,753
21	1.06	276.4	293.0	5.5	8.26	41.4	Y	5,029
22	1.11	303.0	336.3	5.5	8.29	41.9	Y	4,816
23	1.12	264.0	295.7	4.9	8.29	43.8	Y	5,135
24	1.04	315.9	328.5	5.0	8.25	42.4	Y	4,889
25	1.00	286.7	286.7	4.8	8.21	42.2	Y	4,944
26	1.02	271.3	276.7	4.7	8.24	43.2	Y	5,154
27	0.97	208.7	202.4	4.6	8.22	43.0	Y	6,673
28	0.98	296.2	290.3	5.2	8.16	40.2	Y	4,820
29	1.06	255.1	270.4	5.7	8.21	40.1	Y	5,964
30	1.07	261.0	279.3	6.0	8.20	39.2	Y	5,422
31	1.05	262.6	275.7	6.3	8.22	38.6	Y	5,315

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

2-3-21

Print Name: \_\_\_\_\_

Chuck Leffler

Cert #: \_\_\_\_\_

T-7158 FE

(1) If Cl2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.  
 (2) Prior to 11/2014, Peak Instantaneous Demand Flow is used.

# Department of Human Services - Drinking Water Section

## Membrane Integrity Report Form

Public Water System Name: Albany

PWS ID#: 41 00012 B

Month/Year:

1/ 2021

Albany/Millersburg Water Plant

Date	Membrane 1	Membrane 2	Membrane 3	Membrane 4
01/01/21	Pass	Pass	Pass	Pass
01/02/21	Pass	Pass	Pass	Pass
01/03/21	Pass	Pass	Pass	Pass
01/04/21	Pass	Pass	Pass	Pass
01/05/21	Pass	Pass	Pass	Pass
01/06/21	Pass	Pass	Pass	Pass
01/07/21	Pass	Pass	Pass	Pass
01/08/21	Pass	Pass	Pass	Pass
01/09/21	Pass	Pass	Pass	Pass
01/10/21	Pass	Pass	Pass	Pass
01/11/21	Pass	Pass	Pass	Pass
01/12/21	Pass	Pass	Pass	Pass
01/13/21	Pass	Pass	Pass	Pass
01/14/21	Pass	Pass	Pass	Pass
01/15/21	Pass	Pass	Pass	Pass
01/16/21	Pass	Pass	Pass	Pass
01/17/21	Pass	Pass	Pass	Pass
01/18/21	Pass	Pass	Pass	Pass
01/19/21	Pass	Pass	Pass	Pass
01/20/21	Pass	Pass	Pass	Pass
01/21/21	Pass	Pass	Pass	Pass
01/22/21	Pass	Pass	Pass	Pass
01/23/21	Pass	Pass	Pass	Pass
01/24/21	Pass	Pass	Pass	Pass
01/25/21	Pass	Pass	Pass	Pass
01/26/21	Pass	Pass	Pass	Pass
01/27/21	Pass	Pass	Pass	Pass
01/28/21	Pass	Pass	Pass	Pass
01/29/21	Pass	Pass	Pass	Pass
01/30/21	Pass	Pass	Pass	Pass
01/31/21	Pass	Pass	Pass	Pass

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

2-3-21

Print Name: \_\_\_\_\_

Chuck Leffler

Cert. #: \_\_\_\_\_

T-7158 FE