

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: 11/2023

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	0.02	0.02	0.02	0.02	0.02	0.02	0.02
2	0.02	0.02	0.02	0.02	0.02	0.02	0.02
3	0.02	0.02	0.02	0.02	0.02	0.02	0.02
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.02	0.02	0.02	0.02
6	0.02	0.02	0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	0.02	0.02	0.02	0.02	0.02
8	0.02	0.02	0.02	0.02	0.02	0.02	0.02
9	0.02	0.02	0.02	0.02	0.02	0.02	0.02
10	0.02	0.02	0.02	0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02
13	0.02	0.02	0.02	0.02	0.02	0.02	0.02
14	0.02	0.02	0.02	0.02	0.03	0.03	0.03
15	0.02	0.02	0.03	0.02	0.02	0.02	0.03
16	0.03	0.02	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.04	0.03	0.04	0.04	0.03	0.04
23	0.04	0.04	0.04	0.04	0.04	0.04	0.04
24	0.04	0.04	0.04	0.03	0.02	0.02	0.04
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.02	0.02

Membrane Filtration	Monthly Summary (Answer Yes or No)	
95% of turbidity readings <= 1 NTU? (2) <input checked="" type="radio"/> Yes / No	CT's met everyday? <input checked="" type="radio"/> Yes / No	All CL2 residuals at entry point >= 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings <= 5 NTU? <input checked="" type="radio"/> Yes / No		
Notes:	PRINTED NAME: <i>Chris Germond</i>	
	SIGNATURE: <i>Chris Germond</i>	DATE: <i>12/7/23</i>
	PHONE #: <i>541-704-2309</i>	CERT #: <i>T-08682</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: 11/2023**

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	0.99	152.1	150.6	11.9	8.27	26.6	Y	5,151
2	1.02	142.9	145.8	12.0	8.04	24.4	Y	6,205
3	0.95	130.4	123.9	13.0	8.04	22.8	Y	5,566
4	0.89	146.4	130.3	13.4	8.04	22.0	Y	5,676
5	0.83	146.0	121.2	12.1	8.05	23.8	Y	7,094
6	0.83	152.7	126.7	11.8	8.01	24.0	Y	6,581
7	0.78	153.7	119.9	11.2	7.91	24.0	Y	5,152
8	0.73	146.5	106.9	10.6	7.97	25.4	Y	5,760
9	1.06	156.1	165.5	10.2	8.13	28.6	Y	5,264
10	1.13	170.2	192.3	10.1	8.17	29.5	Y	5,280
11	1.10	233.2	256.5	10.5	8.16	28.4	Y	3,927
12	1.02	173.0	176.5	10.4	8.21	28.9	Y	4,896
13	0.83	169.9	141.0	10.5	8.21	28.0	Y	5,620
14	0.90	141.5	127.4	9.6	8.21	30.1	Y	7,091
15	0.86	150.3	129.3	9.6	8.14	29.2	Y	6,376
16	1.10	150.6	165.7	10.0	8.15	29.3	Y	5,495
17	1.11	161.0	178.7	10.1	8.16	29.4	Y	5,216
18	1.15	135.6	155.9	9.5	8.22	31.4	Y	5,426
19	1.13	117.1	132.3	9.3	8.19	31.4	Y	7,523
20	0.96	130.0	124.8	8.3	8.19	33.0	Y	6,389
21	1.01	163.0	164.6	8.0	8.17	33.5	Y	6,774
22	1.14	148.3	169.1	8.6	8.18	32.9	Y	6,349
23	1.11	154.6	171.6	8.8	8.16	32.1	Y	6,024
24	1.06	157.3	166.7	7.9	8.17	34.0	Y	6,136
25	1.02	145.3	148.2	7.0	8.20	36.4	Y	5,657
26	1.06	128.5	136.2	6.2	8.13	37.5	Y	7,203
27	1.11	123.2	136.8	5.8	8.09	38.2	Y	7,170
28	1.15	120.1	138.1	5.7	8.07	38.4	Y	7,188
29	1.03	139.5	143.7	5.7	8.08	37.9	Y	7,266
30	0.98	144.8	141.9	6.1	8.03	36.1	Y	6,109

Signature: Chris Germond Date: 12/7/23
 Print Name: Chris Germond Cert #: T-08682

(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.

Membrane Filter Monthly Operating Report

County: Linn

System Name: ALBANY, CITY OF

PWS ID # 41-00012

PlantID: WTP-B

Month/Year: 11/2023

Minimum test pressure (applied || req'd): 15.8 psi || 11.4 psi

Day	CFE Daily Turbidity [NTU]	Highest CFE [NTU]	Highest IFE [NTU]	Highest PDR of the day [psi/min]	Lowest LRV of the day [log removal]	DIT Daily [Yes/No or Off]
1	0.016	0.019	0.056	0.37	4.15	Y
2	0.017	0.028	0.052	0.32	4.28	Y
3	0.017	0.019	0.050	0.32	4.24	Y
4	0.017	0.019	0.050	0.32	4.28	Y
5	0.017	0.019	0.082	0.32	4.26	Y
6	0.017	0.019	0.067	0.31	4.23	Y
7	0.018	0.059	0.050	0.31	4.25	Y
8	0.020	0.024	0.054	0.28	4.26	Y
9	0.021	0.026	0.050	0.29	4.35	Y
10	0.021	0.026	0.052	0.28	4.37	Y
11	0.021	0.050	0.057	0.29	4.37	Y
12	0.022	0.024	0.052	0.28	4.38	Y
13	0.022	0.031	0.048	0.41	4.42	Y
14	0.024	0.028	0.050	0.39	4.40	Y
15	0.024	0.028	0.050	0.36	4.43	Y
16	0.028	0.102	0.046	0.34	4.47	Y
17	0.029	0.031	0.046	0.33	4.47	Y
18	0.031	0.035	0.046	0.31	4.50	Y
19	0.032	0.035	0.048	0.32	4.51	Y
20	0.032	0.035	0.082	0.30	4.51	Y
21	0.033	0.035	0.048	0.30	4.53	Y
22	0.035	0.037	0.050	0.30	4.50	Y
23	0.035	0.039	0.052	0.30	4.49	Y
24	0.029	0.753	0.043	0.28	4.53	Y
25	0.019	0.076	0.050	0.30	4.55	Y
26	0.019	0.020	0.044	0.29	4.55	Y
27	0.019	0.022	0.044	0.37	4.49	Y
28	0.018	0.020	0.044	0.34	4.48	Y
29	0.019	0.020	0.046	0.35	4.54	Y
30	0.019	0.020	0.052	0.33	4.53	Y

Compliance summary (operator to complete any blank fields)				
95% of daily turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All IFE turbidity readings \leq 0.15 NTU? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Performance std met? (PDR \leq PDRMax, LRV \geq LRC) <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	DIT Daily? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
CT's met daily? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	All Cl2 residual at EP \geq 0.2 mg/L? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	PDR \leq PDRMax (###)? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	LRVambient \geq LRC (4.00)? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
PRINT NAME: <i>Chris Germond</i>		DATE: <i>12-7-23</i>		
SIGNATURE: <i>Chris Germond</i>		WT CERT #: <i>T-08682</i>		
NOTES:		PHONE #: <i>641-709-2309</i>		

Department of Human Services - Drinking Water Section

Membrane Integrity Report Form

Public Water System Name: Albany

PWS ID#: 41 00012 B

Month/Year:

11/ 2023

Albany/Millersburg Water Plant

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

Signature: Chris Germond

Date: 12/7/23

Print Name: Chris Germond

Cert. #: T-08682