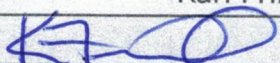


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn  
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**System Name: BROWNSVILLE, CITY OF ID#: OR4100152 WTP-: WTP-A Month/Ye Jan-21**

DAY	12:00 AM (NTU)	4:00 AM (NTU)	8:00 AM (NTU)	NOON (NTU)	4:00 PM (NTU)	8:00 PM (NTU)	Highest Reading of the Day <sup>1</sup> (NTU)
1			0.052				
2			0.052				
3			0.052				
4			0.052				
5			0.052				
6			0.052				
7			0.022				
8			0.041				
9			0.037				
10			0.037				
11			0.025				
12			0.025				
13			0.026				
14			0.030				
15			0.052				
16			0.047				
17			0.025				
18			0.027				
19			0.026				
20			0.030				
21			0.027				
22			0.032				
23			0.027				
24			0.030				
25			0.026				
26			0.039				
27			0.028				
28			0.024				
29			0.026				
30			0.025				
31			0.025				

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Montly Summary (Answer Yes or No)</b>	
95% of turbidity readings ≤ 1 NTU? All turbidity readings ≤ 5 NTU?	<b>Yes / No</b> <b>Yes / No</b>	CT's met everyday? (see back) <b>Yes / No</b>	All Cl <sup>-</sup> residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		<b>DATE:</b> 2-8-21
	<b>SIGNATURE:</b> 		<b>CERT #:</b> 7037
	<b>PHONE #:</b> (541)466-3381		

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

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

**BROWNSVILLE, CITY OF**    **ID #: OR4100152**    **WTP-:WTP-A**    **Month/Year:**    **Jan-21**

Date/ Time	Minimum $\text{Cl}_2$ Residual at 1 <sup>st</sup> User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	<b>C X T</b>	°C		Use Tables	Yes/No	[GPM]
1/	0.78	83	64.74	11.7	7.46	42	YES	22
2/	0.78	83	64.74	12.7	7.42	37	YES	227
3/	0.62	83	51.46	12.1	7.26	35	YES	229
4/	0.58	83	48.14	13.0	7.41	33	YES	227
5/	0.66	83	54.78	12.1	7.47	38	YES	238
6/	0.65	83	53.95	11.7	7.30	38	YES	227
7/	0.61	83	50.63	11.9	7.25	38	YES	226
8/	0.58	83	48.14	11.8	7.21	38	YES	227
9/	0.53	83	43.99	13.3	7.56	36	YES	230
10/	0.63	83	52.29	11.3	7.32	40	YES	227
11/	0.65	83	53.95	11.7	7.33	40	YES	223
12/	0.80	83	66.40	11.9	7.33	39	YES	165
13/	0.49	83	40.67	12.5	7.21	35	YES	162
14/	0.49	83	40.67	13.4	7.53	36	YES	227
15/	0.91	83	75.53	11.6	7.40	41	YES	232
16/	0.93	83	77.19	11.9	7.36	41	YES	226
17/	0.74	83	61.42	11.9	7.27	38	YES	225
18/	1.01	83	83.83	12.1.	7.52	42	YES	224
19/	0.99	83	82.17	11.3	7.66	45	YES	228
20/	1.09	83	90.47	11.8	8.12	56	YES	227
21/	0.92	83	76.36	10.8	8.19	58	YES	235
22/	1.07	83	88.81	12.2	7.87	48	YES	234
23/	1.01	83	83.83	11.3	7.75	48	YES	228
24/	1.14	83	94.62	10.6	8.06	57	YES	227
25/	1.26	83	104.58	10.6	7.66	54	YES	162
26/	1.18	83	97.94	10.7	9.73	75	YES	179
27/	1.11	83	92.13	11.4	7.93	51	YES	219
28/	1.11	83	92.13	10.8	8.10	57	YES	165
29/	1.02	83	84.66	11.0	7.30	41	YES	221
30/	0.80	83	66.40	11.3	7.42	41	YES	162
31/	0.94	83	78.02	11.5	7.65	45	YES	160

# CITY OF BROWNSVILLE

## RECORD OF DAILY CHLORINE APPLICATION

Water system ID-#: **4100152**

Number of Services: 720

Water Superintendent: **Karl Frink**

Source of Water: Calapooia River

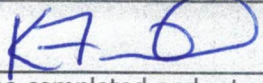
Number of Connections: 720

Month/Year: Jan-21

Chlorine Strength as Fed: 12.5% Sodium Hypochlorite

Make and Type of Chlorinator: LMI-Diaphragm Pump

DAY OF MONTH	MASTER METER READING GALLONS [X] CU. FEET [ ]	DAILY WATER PRODUCTION MGD	SODIUM HYPOCHLORITE USED: POUNDS [ ] GALLONS [X]	CHLORINE RESIDUAL TESTS SAMPLING POINTS (SP)								REMARKS: Show below, by date, unusual occurrences * or operation of the water system.	
				SP #1		SP #2		SP #3		SP #4			
				TIME	MG/L	TIME	MG/L	TIME	MG/L	TIME	MG/L		
1	0	0.271											
2	271,219	0.222											
3	492,980	0.228											
4	721,103	0.246		9:25	0.37	10:49	0.48	10:54	0.40	11:19	0.48		
5	967,226	0.199		9:31	0.30	9:56	0.64	10:01	0.46	11:32	0.67		
6	1,165,829	0.252		7:42	0.33	8:04	0.61	8:08	0.51	7:57	0.68		
7	1,417,561	0.215		9:39	0.49	10:08	0.61	10:12	0.58	10:19	0.64		
8	1,632,193	0.149		9:31	0.47	9:40	0.55	9:44	0.56	9:58	0.58		
9	1,781,294	0.308											
10	2,089,495	0.268											
11	2,357,918	0.181		9:50	0.49	10:02	0.48	10:09	0.55	10:34	0.50		
12	2,539,203	0.244		9:13	0.61	9:26	0.34	9:34	0.59	10:04	0.46		
13	2,783,668	0.250		9:10	0.47	9:24	0.34	9:32	0.47	10:12	0.44		
14	3,033,973	0.270		9:24	0.44	9:37	0.38	9:44	0.46	10:09	0.41		
15	3,303,594	0.213		8:15	0.50	8:28	0.83	8:36	0.46	9:31	0.75		
16	3,516,825	0.185											
17	3,702,312	0.311											
18	4,012,890	0.230											
19	4,242,465	0.228		9:09	0.43	9:16	0.73	9:21	0.35	10:02	0.96		
20	4,470,587	0.253		8:14	0.97	8:50	0.70	8:55	0.91	9:20	0.81		
21	4,723,114	0.224		8:42	0.76	9:36	0.53	9:40	0.27	9:05	0.96		
22	4,947,589	0.230		9:20	1.01	9:29	0.75	9:36	0.54	10:37	1.07		
23	5,177,393	0.260											
24	5,437,185	0.225											
25	5,662,457	0.275		9:15	0.84	9:25	0.80	9:53	0.73	9:56	0.88		
26	5,937,143	0.192		10:03	0.79	10:11	0.80	10:16	0.82	10:44	0.82		
27	6,128,806	0.259		8:36	0.88	8:56	0.35	9:02	0.89	9:36	1.07		
28	6,387,371	0.254		9:41	0.57	10:03	0.62	10:09	0.75	10:31	0.48		
29	6,641,673	0.190		7:58	0.78	8:07	0.71	8:13	0.87	9:09	0.89		
30	6,832,025	0.271											
31	7,102,932	0.228											

Water Supervisor Signature: 

Date: 2-8-21

NOTE: This form is to be completed and returned by the tenth of the following month to:  
DHS-Drinking Water Program, PO BOX 14350, Portland, OR 97293-0350