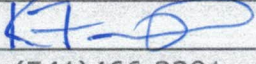


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn

Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: BROWNSVILLE, CITY OF ID#: OR4100152 WTP-: WTP-A Month/Year Feb-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 ¹ (NTU)
1			0.038				
2			0.029				
3			0.038				
4			0.023				
5			0.027				
6			0.024				
7			0.032				
8			0.023				
9			0.028				
10			0.026				
11			0.032				
12			0.027				
13			0.030				
14			0.029				
15			0.028				
16			0.025				
17			0.023				
18			0.040				
19			0.041				
20			0.027				
21			0.023				
22			0.023				
23			0.023				
24			0.023				
25			0.024				
26			0.023				
27			0.021				
28			0.023				
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of turbidity readings \leq 1 NTU? All turbidity readings \leq 5 NTU?	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No <input type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ² residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: Karl Frink	
		SIGNATURE: 	DATE: 2-9-21
		PHONE #: (541)466-3381	CERT #: 7037

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

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

Date/ Time	Minimum cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C X T	°C		Use Tables	Yes/No	[GPM]
1/	0.94	83	78.02	13.0	7.49	36	YES	229
2/	0.74	83	61.42	11.6	7.32	40	YES	163
3/	0.82	83	68.06	11.8	7.47	42	YES	224
4/	0.73	83	60.59	11.0	7.34	40	YES	226
5/	0.65	83	53.95	11.1	7.30	38	YES	227
6/	0.68	83	56.44	11.2	8.05	51	YES	233
7/	0.71	83	58.93	11.6	7.86	48	YES	228
8/	0.67	83	55.61	11.5	7.36	40	YES	231
9/	0.74	83	61.42	11.7	8.02	51	YES	226
10/	0.75	83	62.25	11.0	7.21	38	YES	165
11/	0.77	83	63.91	11.8	7.39	40	YES	228
12/	0.73	83	60.59	10.7	7.43	44	YES	229
13/	0.77	83	63.91	11.9	7.65	44	YES	226
14/	0.60	83	49.80	10.6	7.49	44	YES	228
15/	0.57	83	47.31	10.8	7.33	42	YES	227
16/	0.58	83	48.14	11.0	7.26	38	YES	169
17/	0.65	83	53.95	11.2	7.30	40	YES	224
18/	0.68	83	56.44	10.6	7.37	43	YES	224
19/	0.56	83	46.48	11.5	7.25	38	YES	228
20/	0.53	83	43.99	10.8	7.23	40	YES	231
21/	0.58	83	48.14	11.1	7.26	38	YES	229
22/	1.16	83	96.28	10.8	7.40	46	YES	226
23/	0.94	83	78.02	10.8	7.50	45	YES	227
24/	0.87	83	72.21	10.7	7.42	45	YES	223
25/	0.95	83	78.85	11.4	7.81	49	YES	236
26/	1.23	83	102.09	11.5	7.32	42	YES	226
27/	1.02	83	84.66	11.2	7.68	48	YES	224
28/	0.87	83	72.21	12.7	7.60	41	YES	231
29/								
30/								
31/								

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**

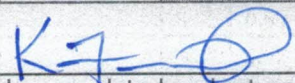
Number of Connections: **720**

Month/Year: **Feb-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	0.255		9:44	0.92	9:58	0.36	10:03	0.93	10:46	0.92	
2	255,469	0.251		8:44	0.71	8:56	0.43	9:01	0.72	9:44	0.61	
3	506,896	0.244		7:20	0.75	7:30	0.75	7:34	0.52	7:51	0.62	
4	750,955	0.217		8:52	0.61	9:26	0.65	9:30	0.56	8:59	0.60	
5	967,579	0.132		9:54	0.63	10:02	0.61	10:06	0.58	10:24	0.61	
6	1,099,377	0.276										
7	1,375,453	0.244										
8	1,619,111	0.160		9:21	0.49	9:34	0.53	9:41	0.47	10:05	0.49	
9	1,779,190	0.283		8:33	0.74	8:45	0.40	8:51	0.74	9:20	0.53	
10	2,061,930	0.183		9:42	0.50	10:09	0.64	10:16	0.55	10:35	0.59	
11	2,244,701	0.261		8:55	0.75	9:36	0.42	9:44	0.75	10:12	0.55	
12	2,505,597	0.167		9:06	0.66	9:18	0.57	9:25	0.61	9:50	0.65	
13	2,673,007	0.274										
14	2,947,181	0.224										
15	3,171,440	0.300										
16	3,471,383	0.323		9:31	0.47	9:55	0.47	10:01	0.46	10:19	0.51	
17	3,794,618	0.148		10:12	0.36	10:20	0.54	10:26	0.36	10:44	0.26	
18	3,942,374	0.255		8:40	0.60	9:06	0.40	9:12	0.48	9:43	0.44	
19	4,197,559	0.228		11:20	0.42	11:32	0.48	11:36	0.40	11:52	0.52	
20	4,425,676	0.231										
21	4,656,762	0.253										
22	4,910,255	0.199		9:49	0.31	10:00	0.74	10:09	0.45	10:27	0.32	
23	5,109,158	0.192		8:44	0.24	9:15	0.50	9:20	0.61	9:46	0.21	
24	5,301,592	0.201		8:23	0.48	8:33	0.32	8:39	0.43	8:55	0.51	
25	5,502,546	0.279		7:47	0.74	8:08	0.29	8:15	0.51	8:32	0.70	
26	5,781,611	0.195		10:09	0.63	10:17	0.80	10:23	0.57	10:51	0.30	
27	5,976,562	0.167										
28	6,143,971	0.314										
29												
30												
31												

Water Supervisor Signature: 

Date: 2-9-21

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