


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** Mar-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			0.020				
2			0.026				
3			0.022				
4			0.024				
5			0.024				
6			0.024				
7			0.025				
8			0.023				
9			0.025				
10			0.024				
11			0.023				
12			0.023				
13			0.019				
14			0.023				
15			0.019				
16			0.023				
17			0.030				
18			0.025				
19			0.024				
20			0.026				
21			0.028				
22			0.033				
23			0.038				
24			0.033				
25			0.056				
26			0.045				
27			0.054				
28			0.044				
29			0.046				
30			0.050				
31			0.044				

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? <small>(see back)</small>	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: Karl Frink		DATE: 4-6-21
	SIGNATURE: 		CERT #: 7037
	PHONE #: (541)466-3381		

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:** **Mar-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/	1.05	83	87.15	10.9	7.36	44	YES	230
2/	0.91	83	75.53	11.6	7.78	47	YES	228
3/	1.01	83	83.83	11.2	7.46	42	YES	156
4/	0.49	83	40.67	11.0	7.34	39	YES	223
5/	0.79	83	65.57	10.9	7.40	44	YES	160
6/	0.73	83	60.59	10.6	7.97	53	YES	230
7/	0.66	83	54.78	12.2	7.65	41	YES	225
8/	0.86	83	71.38	11.1	7.44	42	YES	158
9/	0.86	83	71.38	11.0	7.58	44	YES	160
10/	0.72	83	59.76	11.0	7.53	43	YES	227
11/	1.02	83	84.66	10.9	7.41	46	YES	180
12/	0.95	83	78.85	11.1	7.41	42	YES	159
13/	0.67	83	55.61	11.3	7.28	38	YES	223
14/	0.48	83	39.84	10.9	7.29	38	YES	158
15/	0.68	83	56.44	11.3	7.41	41	YES	228
16/	0.54	83	44.82	10.9	7.45	43	YES	156
17/	0.50	83	41.50	11.2	7.47	40	YES	227
18/	1.16	83	96.28	11.5	7.45	43	YES	171
19/	1.79	83	148.57	11.2	7.36	44	YES	233
20/	0.88	83	73.04	11.0	7.52	44	YES	156
21/	1.16	83	96.28	10.9	7.42	46	YES	228
22/	0.79	83	65.57	11.1	7.28	38	YES	187
23/	0.74	83	61.42	10.9	7.63	48	YES	232
24/	1.07	83	88.81	11.1	7.27	40	YES	153
25/	1.27	83	105.41	11.8	7.44	44	YES	228
26/	1.61	83	133.63	11.2	7.20	43	YES	154
27/	1.15	83	95.45	11.0	7.62	46	YES	227
28/	0.59	83	48.97	11.5	7.31	39	YES	155
29/	0.88	83	73.04	11.5	7.35	41	YES	158
30/	0.77	83	63.91	13.5	8.23	47	YES	225
31/	0.72	83	59.76	11.2	7.91	49	YES	159

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

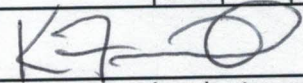
Number of Connections: **720**

Month/Year: Mar-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	0.218		9:38	0.39	9:53	0.88	9:57	0.59	10:15	0.86	
2	217,566	0.243		8:12	0.77	8:21	0.51	8:25	0.92	8:44	0.68	
3	460,678	0.282		7:50	0.78	8:20	0.78	8:28	0.71	8:49	0.72	
4	743,170	0.176		8:08	0.86	8:40	0.73	8:48	0.93	9:09	0.76	
5	919,014	0.270		7:00	0.46	7:25	0.69	7:32	0.49	7:53	0.58	
6	1,189,387	0.195										
7	1,384,113	0.267										
8	1,650,631	0.283		8:12	0.74	8:23	0.70	8:31	0.67	8:56	0.73	
9	1,934,114	0.193		8:52	0.74	9:03	0.81	9:11	0.79	9:40	0.81	
10	2,126,792	0.245		8:30	0.26	8:50	0.51	8:56	0.63	9:11	0.52	
11	2,371,957	0.267		9:08	0.55	9:40	0.57	9:47	0.55	10:07	0.56	
12	2,638,704	0.243		9:39	0.90	9:50	0.80	9:57	0.88	10:15	0.80	
13	2,881,349	0.170										
14	3,051,829	0.278										
15	3,329,844	0.191		8:50	1.13	9:00	0.60	9:09	1.18	9:29	0.54	
16	3,520,552	0.226		9:18	0.48	9:41	0.41	9:47	0.44	10:30	0.78	
17	3,746,976	0.209		8:27	0.51	8:38	0.48	8:45	0.55	9:05	0.57	
18	3,955,674	0.245		10:41	0.63	10:47	0.58	10:51	0.60	11:05	0.61	
19	4,201,107	0.154		9:05	0.95	9:11	0.90	9:16	1.02	9:34	0.84	
20	4,354,940	0.252										
21	4,606,637	0.207										
22	4,813,533	0.229		9:15	0.44	9:24	0.64	9:30	0.41	9:50	0.81	
23	5,042,341	0.192		7:12	0.40	7:45	0.74	7:51	0.65	8:21	0.52	
24	5,234,441	0.227		8:00	0.26	8:11	0.25	8:17	0.34	8:35	0.75	
25	5,461,827	0.224		9:21	1.06	9:30	0.60	9:37	0.71	9:55	0.38	
26	5,685,897	0.208		9:49	0.53	9:58	1.06	10:05	0.78	10:21	0.83	
27	5,893,966	0.204										
28	6,098,319	0.280										
29	6,378,347	0.161		8:45	1.04	8:54	1.10	8:58	0.60	9:15	0.87	
30	6,538,930	0.266		10:00	0.78	10:44	0.50	10:48	0.86	10:27	0.81	
31	6,804,753	0.228		10:32	0.62	10:43	0.53	10:47	0.70	10:59	0.74	

Water Supervisor Signature: 

Date: 4-6-21

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