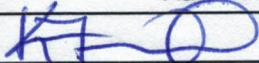


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn  
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**System Name: BROWNSVILLE, CITY OF ID#: OR4100152 WTP-: WTP-A Month/Ye** **Apr-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			0.044				
2			0.051				
3			0.038				
4			0.040				
5			0.034				
6			0.048				
7			0.038				
8			0.039				
9			0.041				
10			0.049				
11			0.040				
12			0.040				
13			0.040				
14			0.040				
15			0.031				
16			0.037				
17			0.040				
18			0.041				
19			0.046				
20			0.049				
21			0.051				
22			0.038				
23			0.057				
24			0.049				
25			0.052				
26			0.069				
27			0.049				
28			0.041				
29			0.049				
30			0.049				
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Montly Summary (Answer Yes or No)</b>	
95% of turbidity readings $\leq$ 1 NTU? All turbidity readings $\leq$ 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 $\geq$ 0.2 mg/l? <b>Yes / No</b>
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		
	<b>SIGNATURE:</b> 		<b>DATE:</b> 5-5-21
	<b>PHONE #:</b> (541)466-3381		<b>CERT #:</b> 7037

<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:**    **Apr-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/	0.67	83	55.61	11.3	7.63	44	YES	374
2/	0.81	83	67.23	12.5	7.77	44	YES	380
3/	0.70	83	58.10	11.9	8.08	51	YES	372
4/	1.02	83	84.66	11.7	7.91	51	YES	378
5/	1.27	83	105.41	11.6	7.39	42	YES	386
6/	0.96	83	79.68	11.5	8.13	54	YES	383
7/	0.50	83	41.50	11.9	7.49	40	YES	382
8/	1.53	83	126.99	11.4	7.70	54	YES	382
9/	1.44	83	119.52	11.1	7.86	52	YES	379
10/	1.05	83	87.15	11.4	7.90	51	YES	383
11/	0.67	83	55.61	11.6	7.59	43	YES	384
12/	0.98	83	81.34	11.6	7.66	45	YES	387
13/	1.11	83	92.13	11.8	8.19	56	YES	386
14/	1.35	83	112.05	11.9	7.55	46	YES	389
15/	1.01	83	83.83	12.0	7.60	43	YES	391
16/	0.68	83	56.44	12.4	7.76	43	YES	393
17/	0.71	83	58.93	12.7	8.12	49	YES	394
18/	0.66	83	54.78	12.9	7.73	43	YES	405
19/	0.91	83	75.53	13.9	7.91	43	YES	401
20/	1.00	83	83.00	15.0	8.79	50	YES	380
21/	1.05	83	87.15	14.7	8.76	55	YES	393
22/	0.91	83	75.53	14.8	8.31	46	YES	390
23/	1.04	83	86.32	14.5	8.29	46	YES	383
24/	0.87	83	72.21	14.1	7.92	40	YES	385
25/	0.84	83	69.72	15.2	7.77	34	YES	396
26/	1.05	83	87.15	13.5	8.41	54	YES	389
27/	0.91	83	75.53	14.5	8.35	46	YES	391
28/	1.08	83	89.64	13.8	8.26	50	YES	392
29/	1.32	83	109.56	14.3	8.23	47	YES	389
30/	1.19	83	98.77	15.1	8.11	40	YES	386
31/								



# CITY OF BROWNSVILLE RECORD OF DAILY CHLORINE APPLICATION

Water system ID #: **4100152**

Number of Services: **790**

Water Superintendent: **Karl Frink**

Source of Water: Calapooia River

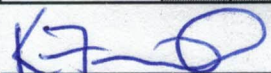
Number of Connections: 790

Month/Year: Apr-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	0.226		7:48	0.73	8:15	0.48	8:19	0.63	8:40	0.65	
2	225,684	0.182		9:28	0.71	9:34	0.50	9:31	0.68	9:57	0.70	
3	407,577	0.252										
4	659,263	0.278										
5	936,841	0.217		9:20	1.00	9:32	0.76	9:40	1.02	10:01	0.53	
6	1,154,257	0.197		8:55	1.15	8:23	0.46	9:32	0.99	10:08	0.87	
7	1,350,849	0.250		8:35	0.39	9:05	0.34	9:12	0.63	9:33	0.98	
8	1,600,584	0.233		8:57	1.11	9:29	1.08	9:37	0.41	10:02	0.54	
9	1,834,034	0.228		7:04	1.26	8:07	0.49	8:15	1.49	8:40	0.73	
10	2,062,106	0.179										
11	2,241,499	0.266										
12	2,507,183	0.240		9:13	0.63	9:24	0.62	9:29	0.68	10:04	0.62	
13	2,747,578	0.237		9:10	0.96	9:18	0.63	9:21	0.65	9:52	0.79	
14	2,984,662	0.241		9:08	0.34	9:20	0.69	9:25	0.63	9:45	0.42	
15	3,225,566	0.239		9:33	0.95	9:42	0.36	9:49	0.52	10:08	0.72	
16	3,464,761	0.206		10:10	0.31	10:19	0.45	10:25	0.55	10:45	0.53	
17	3,670,472	0.227										
18	3,897,415	0.519										
19	4,416,615	0.447		10:01	0.21	10:16	0.55	10:22	0.69	10:48	0.37	
20	4,864,041	0.322		9:29	0.31	9:35	0.45	9:51	0.78	10:15	0.70	
21	5,186,280	0.304		8:37	0.69	8:55	0.87	9:01	0.68	9:22	0.86	
22	5,490,134	0.272		9:13	0.50	9:22	0.85	9:28	0.66	9:48	0.50	
23	5,761,878	0.175		8:22	0.48	8:31	0.77	8:37	0.35	8:56	0.63	
24	5,936,896	0.219										
25	6,155,749	0.337										
26	6,493,033	0.283		8:59	0.81	9:13	0.56	9:17	0.86	9:44	0.63	
27	6,776,147	0.278		9:13	0.29	9:45	0.60	9:49	0.44	9:22	0.68	
28	7,054,039	0.327		8:06	0.50	8:28	0.84	8:32	0.58	8:50	0.57	
29	7,381,049	0.270		9:23	0.51	9:41	0.95	9:45	0.58	10:00	0.95	
30	7,650,717	0.149		8:50	0.60	8:58	0.90	9:01	0.71	9:14	0.96	
31	7,800,216											

Water Supervisor Signature: 

Date: 5-5-21

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