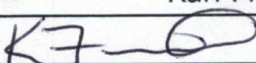


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn  
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**System Name: BROWNSVILLE, CITY OF ID#: OR4100152 WTP-: WTP-A Month/Ye Aug-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			0.032				
2			0.033				
3			0.031				
4			0.033				
5			0.032				
6			0.033				
7			0.032				
8			0.030				
9			0.028				
10			0.028				
11			0.034				
12			0.035				
13			0.035				
14			0.035				
15			0.035				
16			0.035				
17			0.035				
18			0.035				
19			0.035				
20			0.035				
21			0.036				
22			0.036				
23			0.036				
24			0.035				
25			0.036				
26			0.037				
27			0.037				
28			0.036				
29			0.039				
30			0.043				
31			0.036				

<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)	All Cl <sup>-</sup> residual at entry point > 0.2 mg/l?
	<b>Yes/No</b>	<b>Yes/No</b>	<b>Yes/No</b>
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		<b>DATE:</b> 9/8/21
	<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:**
**Aug-21**

Date/ Time	Minimum cl <sub>2</sub> 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/	1.29	83	107.07	23.1	7.40	18	YES	379
2/	1.08	83	89.64	23.1	7.49	18	YES	398
3/	1.15	83	95.45	23.4	7.33	18	YES	406
4/	1.19	83	98.77	23.5	7.56	19	YES	410
5/	1.93	83	160.19	24.3	8.13	24	YES	432
6/	1.00	83	83.00	22.9	7.49	19	YES	448
7/	0.96	83	79.68	23.6	7.61	19	YES	438
8/	0.92	83	76.36	23.1	7.53	19	YES	438
9/	0.93	83	77.19	22.1	7.46	19	YES	445
10/	0.62	83	51.46	22.5	7.51	20	YES	434
11/	0.86	83	71.38	23.5	7.58	19	YES	444
12/	0.75	83	62.25	23.6	7.24	16	YES	442
13/	0.86	83	71.38	24.5	7.31	16	YES	434
14/	0.93	83	77.19	23.8	7.30	17	YES	436
15/	0.81	83	67.23	23.9	7.26	17	YES	430
16/	0.96	83	79.68	23.6	7.26	17	YES	437
17/	0.66	83	54.78	24.2	7.36	16	YES	433
18/	0.66	83	54.78	22.8	7.40	19	YES	435
19/	0.71	83	58.93	22.3	7.45	19	YES	431
20/	0.64	83	53.12	22.3	7.41	18	YES	432
21/	0.63	83	52.29	22.0	7.41	18	YES	437
22/	0.58	83	48.14	21.7	7.45	20	YES	433
23/	0.41	83	34.03	21.1	7.49	20	YES	431
24/	1.08	83	89.64	20.4	7.53	24	YES	430
25/	1.15	83	95.45	20.4	7.51	24	YES	431
26/	1.01	83	83.83	20.6	7.46	23	YES	427
27/	1.08	83	89.64	20.9	7.43	23	YES	430
28/	0.80	83	66.40	20.6	7.47	22	YES	423
29/	0.57	83	47.31	20.9	7.45	21	YES	425
30/	0.63	83	52.29	20.7	7.41	22	YES	421
31/	0.62	83	51.46	21.3	7.58	21	YES	432



# 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: Aug-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	0.364											
2	364,409	0.515		9:24	0.47	9:56	0.37	10:01	0.64	10:19	0.47		
3	879,071	0.513		9:29	0.62	9:40	0.57	9:46	0.62	10:18	0.60		
4	1,392,294	0.305		9:00	0.59	9:10	0.61	9:16	0.64	9:39	0.62		
5	1,697,497	0.579		9:15	0.77	10:00	0.28	10:06	0.30	10:25	0.36		
6	2,276,685	0.442		9:02	0.58	9:13	0.59	9:19	0.65	9:38	0.55		
7	2,718,896	0.493											
8	3,212,276	0.576											
9	3,787,815	0.429		9:07	0.55	9:23	0.73	9:28	0.82	9:56	0.92		
10	4,217,241	0.433		8:37	0.48	9:03	1.05	9:08	0.62	9:34	0.63		
11	4,649,861	0.620		9:01	0.57	9:10	0.58	9:17	0.44	9:41	0.49		
12	5,269,829	0.466		8:09	0.57	8:34	0.40	8:39	0.63	8:55	0.72		
13	5,735,400	0.568		8:51	0.59	9:01	0.58	9:14	0.44	9:37	0.46		
14	6,303,157	0.523											
15	6,825,931	0.507											
16	7,332,695	0.391		8:15	0.60	9:00	0.46	9:06	0.51	9:22	0.47		
17	7,723,424	0.463		9:20	0.42	9:40	0.54	9:50	0.59	10:08	0.51		
18	8,186,877	0.460		9:28	0.41	9:51	0.55	9:55	0.59	10:18	0.59		
19	8,646,802	0.455		9:58	0.57	10:07	0.41	10:12	0.47	10:32	0.53		
20	9,102,283	0.460		9:02	0.38	9:18	0.30	9:24	0.41	9:42	0.31		
21	9,561,792	0.324											
22	9,885,353	0.518											
23	10,403,354	0.559		8:18	0.50	9:09	0.53	9:17	0.43	9:42	0.44		
24	10,962,719	0.450		7:32	0.63	8:25	0.66	8:33	0.63	9:06	0.53		
25	11,412,948	0.434		8:46	0.84	9:03	0.87	9:07	0.76	9:25	0.80		
26	11,847,083	0.389		9:04	0.67	9:22	0.71	9:26	0.65	9:44	0.71		
27	12,235,682	0.447		8:20	0.60	8:45	0.63	8:50	0.71	9:07	0.55		
28	12,682,773	0.469											
29	13,151,636	0.473											
30	13,624,262	0.441		9:42	0.44	9:51	0.41	9:56	0.63	10:14	0.55		
31	14,064,888	0.429		8:52	0.51	9:09	0.56	9:14	0.57	9:34	0.54		

Water Supervisor Signature: 

Date: 9/8/21

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