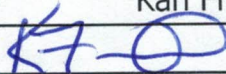


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Linn  
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**System Name: BROWNSVILLE, CITY OF ID#: OR4100152 WTP-: WTP-A Month/Ye** **Nov-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			0.042				
2			0.039				
3			0.039				
4			0.037				
5			0.039				
6			0.058				
7			0.092				
8			0.106				
9			0.083				
10			0.102				
11			0.089				
12			0.067				
13			0.035				
14			0.032				
15			0.034				
16			0.031				
17			0.034				
18			0.030				
19			0.030				
20			0.030				
21			0.029				
22			0.029				
23			0.029				
24			0.029				
25			0.029				
26			0.029				
27			0.029				
28			0.029				
29			0.029				
30			0.029				
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of turbidity readings ≤ 1 NTU? All turbidity readings ≤ 5 NTU? Notes:	Yes / No Yes / No <sup>+</sup>	CT's met everyday? (see back) Yes / No	All Cl <sup>-</sup> residual at entry point ≥ 0.2 mg/l? Yes / No
	PRINTED NAME: Karl Frink		DATE: 12-9-21
		SIGNATURE: 	CERT #: 7037
		PHONE #: (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:**    **Nov-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/	7.00	83	581.00	13.4	7.35	34	YES	451
2/	0.71	83	58.93	13.0	7.25	33	YES	460
3/	0.68	83	56.44	13.3	7.21	33	YES	449
4/	0.59	83	48.97	14.1	7.29	30	YES	453
5/	0.54	83	44.82	13.2	7.33	33	YES	456
6/	0.85	83	70.55	13.6	7.45	36	YES	450
7/	0.71	83	58.93	12.2	7.62	41	YES	456
8/	0.67	83	55.61	12.6	7.45	38	YES	452
9/	0.83	83	68.89	13.5	7.55	37	YES	450
10/	0.84	83	69.72	12.3	7.52	41	YES	449
11/	1.01	83	83.83	13.5	7.47	37	YES	453
12/	1.10	83	91.30	15.1	7.26	29	YES	360
13/	1.66	83	137.78	15.0	7.22	31	YES	218
14/	0.75	83	62.25	15.3	7.27	27	YES	220
15/	0.64	83	53.12	15.9	7.29	27	YES	373
16/	0.77	83	63.91	14.4	7.26	30	YES	364
17/	0.90	83	74.70	14.4	7.24	31	YES	372
18/	1.01	83	83.83	13.8	7.28	34	YES	365
19/	0.96	83	79.68	14.3	7.30	31	YES	354
20/	0.88	83	73.04	14.0	7.27	31	YES	358
21/	1.00	83	83.00	13.5	7.31	36	YES	361
22/	1.10	83	91.30	13.0	7.34	36	YES	360
23/	0.87	83	72.21	13.9	7.29	34	YES	369
24/	0.80	83	66.40	13.6	7.23	32	YES	363
25/	1.13	83	93.79	13.5	7.72	41	YES	368
26/	1.03	83	85.49	13.8	7.88	43	YES	373
27/	0.80	83	66.40	14.5	7.45	32	YES	370
28/	0.68	83	56.44	15.0	7.27	27	YES	369
29/	0.75	83	62.25	15.0	7.47	29	YES	395
30/	0.95	83	78.85	15.0	7.94	36	YES	368
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: **Nov-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	0.252		9:46	0.24	9:48	0.23	
2	252,406	0.253		8:32	0.28	8:51	0.47	8:56	0.25	9:17	0.26	
3	505,173	0.257		10:10	0.29	10:26	0.45	10:30	0.28	10:50	0.21	
4	762,256	0.245		9:21	0.23	9:56	0.30	9:56	0.39	10:29	0.45	
5	1,007,300	0.255		8:10	0.28	8:30	0.28	8:37	0.21	9:01	0.33	
6	1,261,809	0.261										
7	1,522,396	0.264										
8	1,786,886	0.261		9:12	0.23	9:40	0.32	9:44	0.24	10:11	0.40	
9	2,047,790	0.258		8:44	0.27	8:54	0.38	8:59	0.60	9:28	0.26	
10	2,305,921	0.251		8:55	0.29	9:04	0.45	9:08	0.71	9:22	0.27	
11	2,556,865	0.249										
12	2,806,312	0.289		8:42	0.48	8:49	0.60	8:53	0.84	9:37	0.60	
13	3,095,750	0.234										
14	3,329,518	0.266										
15	3,595,943	0.269		9:05	0.48	9:21	0.46	9:30	0.43	9:50	0.48	
16	3,865,363	0.222		8:45	0.37	9:25	0.48	9:30	0.50	9:50	0.50	
17	4,087,558	0.262		8:45	0.56	8:55	0.67	9:03	0.58	9:27	0.55	
18	4,349,580	0.264		8:56	0.44	9:08	0.66	9:16	0.63	9:35	0.58	
19	4,613,872	0.204		7:37	0.75	7:48	0.86	7:52	0.70	8:14	0.76	
20	4,818,261	0.279										
21	5,097,057	0.294										
22	5,390,636	0.264		10:10	0.98	10:15	0.43	10:22	0.89	10:41	0.95	
23	5,654,940	0.200		9:06	0.92	9:34	0.89	9:39	1.00	10:03	1.06	
24	5,855,138	0.241		9:49	0.65	10:01	0.36	10:06	0.31	10:26	0.55	
25	6,096,155	0.269										
26	6,365,435	0.242										
27	6,607,248	0.267										
28	6,873,792	0.280										
29	7,153,771	0.262		7:59	0.39	8:08	0.40	8:14	0.63	8:36	0.36	
30	7,416,099	0.266		7:58	0.48	8:22	0.50	8:26	0.70	9:00	0.69	
31	7,681,821											

Water Supervisor Signature:  Date: 12-9-21

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