

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 **Jan-22**

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			0.034				
2			0.052				
3			0.034				
4			0.028				
5			0.028				
6			0.028				
7			0.029				
8			0.033				
9			0.028				
10			0.027				
11			0.029				
12			0.032				
13			0.028				
14			0.027				
15			0.028				
16			0.030				
17			0.028				
18			0.028				
19			0.028				
20			0.032				
21			0.029				
22			0.028				
23			0.030				
24			0.028				
25			0.028				
26			0.029				
27			0.026				
28			0.028				
29			0.028				
30			0.028				
31			0.028				

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of turbidity readings ≤ 1 NTU? All turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / No <input checked="" type="radio"/> Yes / No ⁺	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes / No
		All Cl ⁻ residual at entry point > 0.2 mg/l?	<input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: Karl Frink		
	SIGNATURE: <i>Karl Frink</i>	DATE: 2/9/2022	
	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:** **Jan-22**

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/	1.27	83	105.41	12.0	8.64	64	YES	141
2/	0.81	83	67.23	11.5	7.68	44	YES	142
3/	0.66	83	54.78	11.8	7.50	41	YES	203
4/	0.50	83	41.50	12.0	7.39	36	YES	145
5/	0.87	83	72.21	12.6	7.22	36	YES	143
6/	0.89	83	73.87	13.1	7.26	33	YES	212
7/	0.78	83	64.74	13.0	7.25	32	YES	222
8/	0.84	83	69.72	12.9	7.20	35	YES	225
9/	0.55	83	45.65	12.1	7.22	35	YES	149
10/	0.56	83	46.48	12.3	7.28	34	YES	138
11/	0.57	83	47.31	12.5	7.32	36	YES	135
12/	0.60	83	49.80	12.7	7.27	35	YES	220
13/	0.53	83	43.99	12.7	7.23	35	YES	221
14/	0.80	83	66.40	12.7	7.22	36	YES	216
15/	0.72	83	59.76	12.6	7.51	36	YES	136
16/	0.82	83	68.06	12.3	7.40	38	YES	217
17/	0.80	83	66.40	12.2	7.55	40	YES	138
18/	0.97	83	80.51	12.2	7.37	38	YES	141
19/	0.77	83	63.91	12.8	7.42	38	YES	137
20/	0.66	83	54.78	13.9	7.38	34	YES	221
21/	0.68	83	56.44	13.0	7.36	34	YES	137
22/	0.73	83	60.59	12.7	7.40	37	YES	136
23/	0.84	83	69.72	12.0	7.42	39	YES	227
24/	1.02	83	84.66	11.8	7.42	43	YES	138
25/	0.80	83	66.40	11.8	7.39	40	YES	137
26/	0.84	83	69.72	11.8	7.42	42	YES	138
27/	0.93	83	77.19	11.4	7.47	42	YES	138
28/	1.06	83	87.98	11.4	7.52	45	YES	140
29/	1.12	83	92.96	11.4	7.76	48	YES	139
30/	1.90	83	157.70	11.5	7.49	53	YES	138
31/	1.35	83	112.05	11.7	7.32	42	YES	140

CITY OF BROWNSVILLE

RECORD OF DAILY CHLORINE APPLICATION

Water system ID #: **4100152**

Number of Services: 804

Water Superintendent: **Karl Frink**

Source of Water: Calapooia River

Number of Connections: 804

Month/Year: Jan-22

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	0.237											
2	237,442	0.302											
3	539,545	0.311											
4	850,636	0.296											
5	1,146,314	0.344											
6	1,489,824	0.286											
7	1,776,027	0.283											
8	2,059,453	0.271											
9	2,329,997	0.348											
10	2,677,939	0.314											
11	2,992,338	0.239											
12	3,231,306	0.289											
13	3,520,554	0.361											
14	3,881,820	0.209											
15	4,090,694	0.284											
16	4,374,830	0.230											
17	4,604,966	0.309											
18	4,914,362	0.298											
19	5,212,091	0.248											
20	5,459,952	0.256											
21	5,716,228	0.287											
22	6,003,077	0.268											
23	6,271,398	0.261											
24	6,531,957	0.284											
25	6,815,509	0.260											
26	7,075,276	0.288											
27	7,363,524	0.280											
28	7,643,516	0.247											
29	7,890,570	0.264											
30	8,154,758	0.294											
31	8,448,671	0.255											

Water Supervisor Signature: _____

Karl Frink

Date: _____

2/9/2022

NOTE: This form is to be completed and returned by the tenth of the following month to:
OHA-Drinking Water Program, PO BOX 14350, Portland, OR 97293-0350