

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 Dec-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			0.048				
2			0.145				
3			0.038				
4			0.031				
5			0.030				
6			0.029				
7			0.030				
8			0.031				
9			0.031				
10			0.030				
11			0.030				
12			0.029				
13			0.030				
14			0.029				
15			0.035				
16			0.029				
17			0.029				
18			0.035				
19			0.029				
20			0.029				
21			0.029				
22			0.030				
23			0.029				
24			0.029				
25			0.031				
26			0.029				
27			0.029				
28			0.029				
29			0.034				
30			0.029				
31			0.034				

Slow Sand/Membrane/DE Filtration/Unfiltered		Montly Summary (Answer Yes or No)	
95% of turbidity readings ≤ 1 NTU? All turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No ⁴	CT's met everyday? (see back) <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: 12/9/2023
	SIGNATURE: <i>Karl Frink</i>		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:** **Dec-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/	0.67	83	55.61	9.2	7.81	54	YES	207
2/	0.83	83	68.89	9.2	7.61	52	YES	216
3/	0.72	83	59.76	11.0	7.44	47	YES	218
4/	0.78	83	64.74	11.8	7.30	38	YES	214
5/	0.77	83	63.91	12.0	7.29	36	YES	215
6/	0.80	83	66.40	12.1	7.20	34	YES	219
7/	0.59	83	48.97	12.2	7.21	35	YES	217
8/	1.17	83	97.11	12.6	8.02	50	YES	218
9/	0.62	83	51.46	12.9	7.85	44	YES	215
10/	0.81	83	67.23	12.3	8.04	49	YES	192
11/	0.58	83	48.14	12.5	7.67	40	YES	191
12/	1.02	83	84.66	12.9	7.49	40	YES	214
13/	1.05	83	87.15	12.8	7.62	43	YES	195
14/	1.10	83	91.30	12.3	7.73	45	YES	192
15/	1.44	83	119.52	12.3	8.08	52	YES	213
16/	1.20	83	99.60	11.9	7.82	50	YES	190
17/	1.10	83	91.30	11.5	8.13	56	YES	203
18/	1.02	83	84.66	11.1	8.05	54	YES	218
19/	0.82	83	68.06	11.9	7.85	49	YES	191
20/	0.79	83	65.57	12.3	7.79	43	YES	190
21/	0.67	83	55.61	12.5	7.69	41	YES	216
22/	0.69	83	57.27	12.2	7.51	40	YES	212
23/	0.90	83	74.70	11.4	7.93	50	YES	189
24/	0.75	83	62.25	11.0	7.65	44	YES	197
25/	0.62	83	51.46	13.0	7.72	39	YES	211
26/	0.50	83	41.50	13.4	7.30	32	YES	212
27/	0.52	83	43.16	13.5	7.24	32	YES	191
28/	0.58	83	48.14	12.9	7.81	43	YES	189
29/	0.83	83	68.89	12.7	7.60	41	YES	217
30/	0.83	83	68.89	12.7	7.55	41	YES	190
31/	0.81	83	67.23	12.5	7.58	37	YES	213

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: _____

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	0.264		9:39	0.63	9:48	0.72	9:59	0.63	10:18	0.55	
2	263,705	0.289		9:12	0.66	9:20	0.62	9:29	0.35	9:48	0.74	
3	552,360	0.270										
4	822,406	0.344										
5	1,166,042	0.209		9:08	0.66	9:28	0.83	9:35	0.76	9:55	0.65	
6	1,375,153	0.198		9:29	0.71	9:43	0.74	9:51	0.75	10:29	0.71	
7	1,573,596	0.334		7:50	0.69	8:17	0.44	8:28	0.78	8:52	0.71	
8	1,907,261	0.196		9:04	0.69	9:29	1.01	9:31	0.80	8:58	0.69	
9	2,103,383	0.278		8:18	0.71	8:43	0.53	8:49	0.46	9:08	0.68	
10	2,381,717	0.298										
11	2,679,779	0.300										
12	2,979,668	0.218		8:15	0.30	8:33	0.68	8:40	0.78	8:59	0.33	
13	3,197,883	0.297		8:22	0.49	8:41	0.66	8:47	0.66	9:15	0.64	
14	3,494,639	0.240		8:31	0.38	8:56	0.61	9:02	0.66	9:27	0.73	
15	3,734,825	0.261		8:33	0.36	8:52	0.50	9:08	0.74	9:28	0.64	
16	3,996,008	0.288		8:27	0.33	8:35	0.67	8:44	0.65	9:02	0.63	
17	4,283,760	0.283										
18	4,566,867	0.248										
19	4,814,543	0.292		9:09	0.81	9:18	0.54	9:24	0.54	9:45	0.46	
20	5,106,873	0.287		9:21	0.51	9:28	0.74	9:38	0.68	9:59	0.64	
21	5,394,147	0.229		8:53	0.55	9:11	0.61	9:18	0.58	9:45	0.62	
22	5,623,152	0.277		9:19	0.52	9:27	0.61	9:33	0.45	10:02	0.56	
23	5,900,372	0.290										
24	6,190,231	0.266										
25	6,456,062	0.252										
26	6,708,436	0.285										
27	6,993,844	0.311		8:07	0.34	8:25	0.33	8:31	0.40	9:06	0.40	
28	7,304,518	0.253		9:51	0.33	10:01	0.41	10:08	0.58	10:25	0.33	
29	7,557,329	0.243		9:55	0.39	10:07	0.29	10:13	0.35	10:33	0.40	
30	7,800,405	0.290										
31	8,089,933	0.243										

Water Supervisor Signature: Karl Frink Date: 12/9/2022

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