

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-23

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			0.033				
2			0.026				
3			0.025				
4			0.029				
5			0.026				
6			0.025				
7			0.026				
8			0.025				
9			0.026				
10			0.026				
11			0.029				
12			0.025				
13			0.025				
14			0.029				
15			0.025				
16			0.028				
17			0.027				
18			0.028				
19			0.026				
20			0.027				
21			0.028				
22			0.029				
23			0.030				
24			0.028				
25			0.028				
26			0.028				
27			0.030				
28			0.027				
29			0.034				
30			0.025				
31							

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: 5/8/2023
	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:** **Apr-23**

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/	0.78	83	64.74	11.8	7.57	43	YES	216
2/	0.80	83	66.40	10.6	7.53	46	YES	212
3/	0.89	83	73.87	10.2	7.54	47	YES	222
4/	0.79	83	65.57	9.6	7.66	51	YES	215
5/	1.01	83	83.83	10.2	7.46	45	YES	223
6/	1.59	83	131.97	10.7	7.49	48	YES	212
7/	0.77	83	63.91	10.8	7.52	43	YES	217
8/	1.03	83	85.49	11.3	7.58	45	YES	212
9/	1.05	83	87.15	11.1	7.54	45	YES	212
10/	0.92	83	76.36	11.1	7.65	45	YES	210
11/	0.84	83	69.72	10.8	7.70	49	YES	206
12/	1.52	83	126.16	10.3	8.39	68	YES	207
13/	1.44	83	119.52	10.4	8.50	70	YES	209
14/	1.20	83	99.60	10.6	8.65	72	YES	213
15/	0.65	83	53.95	11.0	7.97	49	YES	209
16/	0.76	83	63.08	12.9	7.44	38	YES	211
17/	1.02	83	84.66	10.6	7.23	43	YES	183
18/	0.80	83	66.40	11.8	7.30	38	YES	205
19/	1.02	83	84.66	10.3	7.37	44	YES	210
20/	1.10	83	91.30	10.4	7.48	46	YES	204
21/	0.83	83	68.89	10.1	7.90	52	YES	215
22/	0.75	83	62.25	10.6	8.21	59	YES	208
23/	1.20	83	99.60	11.4	8.42	64	YES	186
24/	0.78	83	64.74	12.9	7.25	36	YES	214
25/	0.51	83	42.33	11.5	7.43	40	YES	207
26/	1.84	83	152.72	11.7	8.14	62	YES	184
27/	1.74	83	144.42	14.3	7.83	42	YES	209
28/	0.64	83	53.12	12.1	8.31	53	YES	220
29/	1.74	83	144.42	13.8	8.86	62	YES	219
30/	0.64	83	53.12	12.6	7.53	40	YES	184
31/								

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	0.261											
2	260,561	0.325											
3	586,045	0.295		9:25	0.83	9:37	0.82	9:45	0.83	10:10	0.91		
4	881,121	0.320		8:42	0.98	9:17	0.77	9:25	0.97	9:53	0.86		
5	1,200,808	0.284		9:58	0.67	10:17	0.80	10:25	0.73	10:50	0.64		
6	1,484,936	0.311		8:16	0.53	8:30	0.88	8:56	1.73	8:58	1.26		
7	1,795,867	0.288		9:05	1.62	9:15	1.31	9:23	1.76	9:45	1.36		
8	2,084,038	0.303											
9	2,387,318	0.325											
10	2,712,560	0.208		9:24	1.07	9:34	0.50	9:39	0.64	10:05	0.53		
11	2,920,216	0.332		8:34	0.79	8:50	0.46	8:54	0.60	9:36	0.55		
12	3,251,982	0.260		7:36	0.28	7:59	1.36	8:03	1.44	8:47	1.60		
13	3,511,941	0.358		9:08	1.15	9:15	0.52	9:22	0.33	9:57	0.23		
14	3,869,668	0.248		8:43	0.81	8:50	0.40	8:55	0.59	9:23	1.33		
15	4,117,357	0.280											
16	4,397,496	0.346											
17	4,743,059	0.251		8:56	0.27	9:24	0.31	9:36	0.59	9:58	0.34		
18	4,993,911	0.370		9:37	0.28	9:52	0.45	9:59	0.51	10:30	0.46		
19	5,364,267	0.259		9:58	0.54	10:17	1.10	10:28	0.88	10:51	1.18		
20	5,622,841	0.240		9:15	0.32	9:34	0.72	9:40	0.62	10:02	0.45		
21	5,862,908	0.329		9:27	0.57	9:58	0.48	10:04	0.67	10:27	0.64		
22	6,191,745	0.269											
23	6,460,442	0.311											
24	6,771,021	0.322		9:29	0.62	9:49	0.69	9:56	0.62	10:20	0.93		
25	7,093,249	0.275		8:14	0.66	8:27	0.55	8:35	0.91	9:08	0.74		
26	7,368,363	0.254		8:50	0.62	9:02	0.38	9:10	0.61	9:35	0.34		
27	7,621,979	0.363		9:34	0.62	9:44	0.41	9:48	0.60	10:04	0.48		
28	7,984,791	0.283		9:18	1.36	9:24	0.80	9:28	1.31	9:48	1.10		
29	8,267,474	0.306											
30	8,573,779	0.292											
31	8,865,697												

Water Supervisor Signature: Karl Frink Date: 5/8/2023

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