

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-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			0.031				
2			0.033				
3			0.032				
4			0.033				
5			0.107				
6			0.042				
7			0.029				
8			0.029				
9			0.028				
10			0.057				
11			0.028				
12			0.028				
13			0.028				
14			0.027				
15			0.063				
16			0.027				
17			0.028				
18			0.036				
19			0.026				
20			0.027				
21			0.025				
22			0.027				
23			0.031				
24			0.026				
25			0.028				
26			0.026				
27			0.038				
28			0.062				
29			0.026				
30			0.026				
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)	All Cl ⁻ residual at entry point ≥ 0.2 mg/l?
Notes:		PRINTED NAME: Karl Frink	DATE: 12/8/2023
		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:** **Nov-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/	0.57	83	47.31	10.9	7.59	45	YES	337
2/	0.60	83	49.80	11.3	7.53	42	YES	331
3/	0.62	83	51.46	11.7	7.50	41	YES	331
4/	0.60	83	49.80	12.3	7.40	36	YES	339
5/	1.03	83	85.49	15.5	7.89	36	YES	341
6/	0.94	83	78.02	12.9	7.33	38	YES	343
7/	1.79	83	148.57	13.0	7.27	37	YES	345
8/	1.20	83	99.60	13.6	7.25	34	YES	340
9/	0.76	83	63.08	13.5	7.24	33	YES	343
10/	0.57	83	47.31	14.3	7.57	30	YES	339
11/	1.16	83	96.28	13.0	7.20	33	YES	332
12/	1.04	83	86.32	12.9	7.23	37	YES	333
13/	1.56	83	129.48	13.4	7.21	34	YES	345
14/	0.51	83	42.33	13.5	7.21	32	YES	348
15/	1.28	83	106.24	14.6	7.24	32	YES	345
16/	1.34	83	111.22	13.3	7.20	34	YES	345
17/	1.14	83	94.62	13.3	7.22	34	YES	344
18/	1.35	83	112.05	13.8	7.38	36	YES	340
19/	0.99	83	82.17	12.9	7.43	39	YES	341
20/	0.76	83	63.08	12.9	7.49	38	YES	340
21/	0.63	83	52.29	12.7	7.60	40	YES	339
22/	1.16	83	96.28	13.0	7.39	36	YES	335
23/	1.51	83	125.33	13.5	7.37	38	YES	345
24/	1.32	83	109.56	12.6	7.30	38	YES	346
25/	1.03	83	85.49	12.2	7.22	37	YES	343
26/	1.16	83	96.28	11.5	7.41	43	YES	337
27/	1.08	83	89.64	11.6	7.55	45	YES	338
28/	1.13	83	93.79	12.5	7.32	39	YES	343
29/	1.47	83	122.01	11.4	7.84	52	YES	344
30/	1.27	83	105.41	11.5	7.45	44	YES	346
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: 837 Month/Year: Nov-23

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	0.258		7:31	0.23	9:43	0.24	9:47	0.29	10:04	0.25	
2	257,882	0.210		10:40	0.24	10:54	0.20	10:59	0.21	11:06	0.20	
3	467,873	0.125		9:09	0.23	9:15	1.20	9:20	0.29	9:38	0.26	
4	593,235	0.254										
5	846,788	0.344										
6	1,190,556	0.311		9:12	0.79	9:25	0.86	9:34	0.26	9:55	0.23	
7	1,501,496	0.232		8:30	0.75	8:53	0.80	8:59	0.89	9:30	0.28	
8	1,733,550	0.227		9:04	0.84	9:58	0.88	10:14	0.85	10:33	0.59	
9	1,960,947	0.207		9:49	0.96	10:01	1.15	10:13	0.95	10:31	0.53	
10	2,167,743	0.280										
11	2,448,126	0.183										
12	2,630,687	0.336										
13	2,966,635	0.212		8:49	0.74	9:13	1.06	9:21	0.74	9:39	0.44	
14	3,178,155	0.218		8:18	0.49	8:47	0.28	8:55	0.78	9:17	1.08	
15	3,396,463	0.303		8:31	0.65	9:04	0.42	9:13	0.83	9:33	0.50	
16	3,698,964	0.212		8:28	0.65	9:53	0.84	10:00	0.81	10:19	0.89	
17	3,911,351	0.205		8:17	0.71	8:46	0.47	8:53	0.60	9:35	0.78	
18	4,116,299	0.265										
19	4,381,468	0.251										
20	4,632,103	0.282		7:13	0.51	8:12	0.34	8:20	0.22	8:43	0.69	
21	4,914,558	0.205		8:40	0.54	9:20	0.40	9:35	1.03	10:07	0.26	
22	5,119,941	0.256		8:45	0.32	9:17	0.38	9:23	0.39	9:52	0.48	
23	5,376,435	0.257										
24	5,633,473	0.219										
25	5,852,272	0.253										
26	6,105,645	0.313										
27	6,418,150	0.173		9:09	0.34	9:18	0.67	9:23	0.37	9:41	0.66	
28	6,590,817	0.283		9:32	0.60	9:50	0.20	9:58	0.55	10:23	0.88	
29	6,873,534	0.258		9:36	0.53	9:58	0.73	10:06	0.65	10:25	0.70	
30	7,131,060	0.197		7:40	0.50	7:45	0.75	7:54	0.75	8:12	0.70	
31	7,327,882											

Water Supervisor Signature: Karl Frink Date: 12/8/2023

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