

# 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-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 <sup>1</sup> (NTU)
1			0.076				
2			0.026				
3			0.025				
4			0.026				
5			0.028				
6			0.071				
7			0.030				
8			0.030				
9			0.027				
10			0.047				
11			0.027				
12			0.027				
13			0.027				
14			0.035				
15			0.027				
16			0.029				
17			0.036				
18			0.027				
19			0.038				
20			0.026				
21			0.037				
22			0.027				
23			0.035				
24			0.025				
25			0.026				
26			0.026				
27			0.037				
28			0.025				
29			0.044				
30			0.038				
31			0.036				

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Montly Summary (Answer Yes or No)</b>	
95% of turbidity readings $\leq$ 1 NTU? All turbidity readings $\leq$ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>4</sup>	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sup>2</sup> residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		<b>DATE:</b> 1/9/2024
	<b>SIGNATURE:</b> <i>Karl Frink</i>		<b>CERT #:</b> 7037
	<b>PHONE #:</b> (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:**    **Dec-23**

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/	1.22	83	101.26	13.5	7.45	37	YES	194
2/	1.66	83	137.78	12.3	7.95	50	YES	196
3/	1.02	83	84.66	13.1	7.27	34	YES	190
4/	1.38	83	114.54	13.9	7.96	46	YES	198
5/	0.62	83	51.46	14.3	7.30	30	YES	197
6/	0.73	83	60.59	16.0	7.60	29	YES	196
7/	1.15	83	95.45	13.6	8.91	62	YES	196
8/	1.58	83	131.14	12.9	7.40	40	YES	194
9/	0.62	83	51.46	12.6	7.20	34	YES	198
10/	0.64	83	53.12	14.5	7.55	33	YES	193
11/	0.64	83	53.12	13.1	7.35	34	YES	194
12/	0.71	83	58.93	13.4	7.65	38	YES	194
13/	0.54	83	44.82	12.9	7.80	41	YES	196
14/	1.17	83	97.11	13.6	8.29	50	YES	195
15/	1.33	83	110.39	12.7	7.82	48	YES	190
16/	1.45	83	120.35	12.3	7.71	47	YES	189
17/	1.49	83	123.67	13.6	8.74	63	YES	191
18/	0.61	83	50.63	11.9	7.45	41	YES	193
19/	1.39	83	115.37	14.1	8.93	58	YES	198
20/	1.47	83	122.01	12.6	8.68	66	YES	196
21/	1.53	83	126.99	15.0	8.13	42	YES	190
22/	1.35	83	112.05	13.8	8.51	57	YES	191
23/	1.09	83	90.47	18.3	7.92	37	YES	192
24/	0.97	83	80.51	12.5	7.82	45	YES	192
25/	1.43	83	118.69	13.8	8.23	52	YES	194
26/	1.24	83	102.92	14.1	7.59	36	YES	199
27/	1.25	83	103.75	16.8	7.49	29	YES	196
28/	1.29	83	107.07	14.5	7.52	36	YES	195
29/	1.13	83	93.79	17.7	7.69	30	YES	194
30/	1.22	83	101.26	15.0	7.69	33	YES	193
31/	1.16	83	96.28	17.1	8.15	36	YES	191

# 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: Dec-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	0.214		8:46	0.67	8:55	0.22	9:02	0.82	1:24	0.66	
2	214,154	0.307										
3	520,980	0.266										
4	787,071	0.194		8:56	0.95	9:07	0.51	9:12	0.47	9:46	0.43	
5	981,217	0.265		8:42	0.89	8:52	0.53	8:56	0.56	9:18	0.50	
6	1,245,997	0.286		9:10	0.56	9:23	0.29	9:27	0.45	9:55	0.54	
7	1,531,743	0.231		9:34	0.63	9:44	0.56	9:50	0.60	10:03	0.64	
8	1,763,044	0.199		9:31	0.60	9:40	0.62	9:44	0.87	9:59	0.71	
9	1,961,707	0.214										
10	2,175,880	0.337										
11	2,512,526	0.220		9:44	0.94	9:58	1.04	10:07	1.05	10:22	1.03	
12	2,732,996	0.200		9:10	0.98	9:23	0.95	9:31	0.53	10:09	1.04	
13	2,933,386	0.262		9:40	0.83	9:53	0.37	10:02	0.91	10:30	0.81	
14	3,195,490	0.259		9:30	0.98	9:42	0.33	9:51	1.20	10:16	0.86	
15	3,454,984	0.202		7:31	0.96	8:38	1.03	8:47	0.88	9:09	1.13	
16	3,657,243	0.247										
17	3,904,536	0.287										
18	4,191,609	0.194		9:10	0.80	9:20	1.23	9:30	1.12	9:50	1.05	
19	4,385,849	0.282		9:17	1.10	9:28	0.45	9:39	1.15	9:58	1.15	
20	4,667,568	0.232		7:52	0.96	8:13	0.99	8:19	0.69	8:45	1.14	
21	4,899,987	0.272		9:22	1.06	9:48	0.61	9:55	0.65	10:16	1.09	
22	5,172,088	0.235		9:03	0.80	9:14	0.64	9:18	0.90	9:44	1.11	
23	5,406,850	0.448										
24	5,854,752	0.068										
25	5,922,794	0.221										
26	6,144,257	0.270										
27	6,414,702	0.245		10:03	0.76	10:13	0.47	10:22	0.88	10:49	0.85	
28	6,659,305	0.240		9:16	0.81	9:26	0.71	9:35	0.53	9:55	0.83	
29	6,899,524	0.236		9:54	0.76	10:03	0.46	10:12	0.88	10:33	0.81	
30	7,135,426	0.242										
31	7,377,807	0.248										

Water Supervisor Signature: Karl Frink      Date: 1/9/2024

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