

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 Mar-24

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			0.025				
2			0.025				
3			0.024				
4			0.025				
5			0.024				
6			0.024				
7			0.033				
8			0.024				
9			0.025				
10			0.034				
11			0.024				
12			0.024				
13			0.025				
14			0.025				
15			0.024				
16			0.025				
17			0.024				
18			0.024				
19			0.025				
20			0.039				
21			0.025				
22			0.025				
23			0.026				
24			0.025				
25			0.025				
26			0.032				
27			0.025				
28			0.025				
29			0.040				
30			0.025				
31			0.024				

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	
		SIGNATURE: <i>Karl Frink</i>	DATE: 4/1/2024
		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:** **Mar-24**

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/	1.13	83	93.79	11.7	8.40	60	YES	211
2/	1.06	83	87.98	10.3	8.65	72	YES	213
3/	1.17	83	97.11	10.9	8.13	60	YES	216
4/	1.18	83	97.94	10.8	7.72	50	YES	210
5/	1.28	83	106.24	10.8	7.45	47	YES	204
6/	1.25	83	103.75	11.3	7.30	41	YES	212
7/	1.14	83	94.62	12.6	7.31	39	YES	205
8/	1.13	83	93.79	11.4	7.22	38	YES	216
9/	1.06	83	87.98	11.7	7.25	40	YES	208
10/	1.07	83	88.81	14.1	7.31	33	YES	207
11/	1.17	83	97.11	11.6	7.54	45	YES	207
12/	1.03	83	85.49	11.8	7.54	44	YES	201
13/	1.07	83	88.81	11.4	7.50	45	YES	200
14/	1.01	83	83.83	11.9	7.79	47	YES	209
15/	1.03	83	85.49	11.7	7.33	41	YES	206
16/	1.03	83	85.49	11.8	7.54	45	YES	202
17/	1.10	83	91.30	12.1	7.24	37	YES	200
18/	1.06	83	87.98	12.2	8.52	60	YES	201
19/	0.95	83	78.85	12.0	8.53	58	YES	206
20/	0.85	83	70.55	15.5	8.16	39	YES	209
21/	0.94	83	78.02	12.8	7.77	44	YES	202
22/	0.99	83	82.17	12.6	7.49	39	YES	210
23/	0.94	83	78.02	12.6	7.30	36	YES	207
24/	1.04	83	86.32	12.1	7.51	39	YES	205
25/	0.93	83	77.19	11.8	7.36	41	YES	202
26/	0.81	83	67.23	13.9	7.57	37	YES	211
27/	0.91	83	75.53	12.2	7.39	38	YES	204
28/	0.92	83	76.36	12.1	7.34	38	YES	200
29/	0.90	83	74.70	15.3	7.34	28	YES	208
30/	0.96	83	79.68	12.1	7.25	36	YES	208
31/	1.15	83	95.45	12.1	7.20	36	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: Mar-24

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	0.168		9:06	0.89	9:15	0.68	9:19	1.04	9:48	1.09	
2	168,179	0.304										
3	471,903	0.302										
4	773,420	0.177		9:35	0.86	9:47	0.69	9:55	0.99	10:21	0.92	
5	950,720	0.307		9:18	0.86	9:47	0.57	9:54	0.74	10:26	0.92	
6	1,257,733	0.221		9:05	0.83	9:15	0.95	9:23	0.99	9:47	0.80	
7	1,478,301	0.206		7:30	0.72	7:41	0.68	7:49	1.02	8:12	0.93	
8	1,684,382	0.287		9:22	0.81	9:33	0.70	9:41	0.96	10:05	0.88	
9	1,971,770	0.250										
10	2,221,301	0.189										
11	2,410,365	0.330		8:16	0.72	8:37	0.43	8:44	0.89	9:06	0.86	
12	2,740,815	0.291		10:08	0.84	10:22	0.80	10:28	0.56	10:48	0.92	
13	3,031,755	0.232		8:57	0.85	9:05	0.71	9:12	0.93	9:37	0.91	
14	3,263,537	0.210		9:05	0.89	9:16	0.56	9:20	0.96	9:53	1.00	
15	3,473,463	0.291		8:45	0.78	9:04	0.60	9:10	0.60	9:33	0.77	
16	3,764,370	0.304										
17	4,068,728	0.337										
18	4,405,336	0.305		9:36	0.69	10:10	0.94	10:14	0.73	10:30	0.98	
19	4,710,818	0.199		9:39	0.58	10:00	0.69	10:08	0.93	10:39	0.91	
20	4,909,507	0.236		9:42	0.84	10:14	0.59	10:22	0.91	10:38	0.78	
21	5,145,143	0.303		9:14	0.52	9:58	0.98	10:08	0.80	10:26	0.93	
22	5,448,157	0.260		9:31	0.40	9:42	0.86	9:51	0.98	10:11	0.93	
23	5,707,898	0.165										
24	5,872,732	0.329										
25	6,201,661	0.273		9:35	0.91	9:47	1.23	9:55	1.05	10:21	0.96	
26	6,474,175	0.162		9:33	0.89	10:01	0.89	10:09	0.99	10:31	0.98	
27	6,636,100	0.288		9:23	0.99	9:33	0.81	9:40	0.80	10:05	0.94	
28	6,923,900	0.247		7:47	0.88	8:15	1.00	8:22	1.00	8:47	0.84	
29	7,170,863	0.176		9:28	0.74	9:36	0.98	9:40	1.00	10:00	0.87	
30	7,347,285	0.304										
31	7,651,768	0.342										

Water Supervisor Signature: Karl Frink Date: 4/1/2024

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