

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-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			0.024				
2			0.028				
3			0.026				
4			0.026				
5			0.037				
6			0.027				
7			0.025				
8			0.027				
9			0.026				
10			0.025				
11			0.025				
12			0.028				
13			0.032				
14			0.026				
15			0.025				
16			0.025				
17			0.026				
18			0.027				
19			0.027				
20			0.030				
21			0.027				
22			0.027				
23			0.028				
24			0.027				
25			0.026				
26			0.029				
27			0.024				
28			0.023				
29			0.023				
30			0.038				
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
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 ⁴	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ² residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: Karl Frink		DATE: 5/1/2024
	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-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/	1.05	83	87.15	11.9	7.43	43	YES	209
2/	1.00	83	83.00	13.6	7.49	36	YES	204
3/	1.05	83	87.15	12.8	7.34	39	YES	206
4/	1.01	83	83.83	12.2	7.47	40	YES	205
5/	0.88	83	73.04	15.2	7.47	30	YES	213
6/	0.97	83	80.51	11.7	7.59	44	YES	201
7/	1.11	83	92.13	11.8	7.59	45	YES	205
8/	1.01	83	83.83	13.1	7.27	34	YES	201
9/	1.01	83	83.83	12.2	7.25	37	YES	202
10/	1.03	83	85.49	12.6	7.24	37	YES	201
11/	1.03	83	85.49	12.7	7.39	39	YES	251
12/	1.05	83	87.15	12.9	7.22	37	YES	208
13/	1.04	83	86.32	14.6	7.60	35	YES	209
14/	0.99	83	82.17	12.2	8.65	61	YES	204
15/	1.10	83	91.30	12.5	7.46	40	YES	203
16/	1.12	83	92.96	12.2	7.46	40	YES	200
17/	0.91	83	75.53	12.1	7.32	38	YES	205
18/	1.06	83	87.98	12.8	7.75	45	YES	204
19/	1.11	83	92.13	12.3	7.49	40	YES	208
20/	0.88	83	73.04	14.3	7.96	40	YES	204
21/	0.94	83	78.02	12.6	7.87	45	YES	206
22/	0.99	83	82.17	12.3	7.34	38	YES	213
23/	0.95	83	78.85	13.1	7.49	36	YES	209
24/	1.01	83	83.83	13.3	7.30	34	YES	240
25/	1.13	83	93.79	13.5	7.24	34	YES	205
26/	0.99	83	82.17	13.0	7.28	34	YES	204
27/	1.06	83	87.98	12.9	7.25	37	YES	202
28/	1.01	83	83.83	12.5	7.34	39	YES	229
29/	0.98	83	81.34	12.7	7.97	47	YES	205
30/	0.83	83	68.89	14.8	7.90	38	YES	209
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: Apr-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	0.270		9:14	0.92	9:26	1.02	9:33	1.06	10:16	1.08	
2	270,451	0.175		9:03	1.00	9:14	0.87	9:21	1.09	9:59	1.06	
3	445,777	0.306		9:29	1.01	9:46	0.95	9:54	0.94	10:16	0.97	
4	751,421	0.207		9:05	0.98	9:16	1.10	9:23	1.07	9:45	1.03	
5	958,559	0.172		9:10	0.83	9:24	0.76	9:31	1.07	10:03	1.03	
6	1,130,635	0.319										
7	1,449,906	0.287										
8	1,736,655	0.185		8:25	0.66	8:58	0.62	9:07	1.07	9:25	0.99	
9	1,921,920	0.298		9:25	1.08	9:34	0.52	9:40	0.78	10:07	0.32	
10	2,220,217	0.300		9:01	0.87	9:30	0.88	9:35	0.91	9:58	0.70	
11	2,520,598	0.317		8:41	0.42	8:50	0.74	8:59	1.00	9:20	0.61	
12	2,837,697	0.209		9:41	0.80	9:49	0.50	9:54	1.09	9:41	0.75	
13	3,046,376	0.201										
14	3,246,938	0.325										
15	3,572,435	0.221		10:34	0.89	9:39	0.79	9:47	0.94	10:12	0.91	
16	3,793,450	0.295		8:16	0.37	8:52	0.65	9:01	0.87	9:34	0.88	
17	4,088,873	0.322		7:53	0.42	8:36	1.06	8:43	1.19	9:07	0.65	
18	4,410,783	0.301		9:30	0.65	9:44	1.07	9:52	1.04	10:34	1.10	
19	4,711,693	0.239		9:30	0.87	9:42	1.13	9:52	0.91	10:16	0.99	
20	4,950,819	0.179										
21	5,129,963	0.308										
22	5,438,235	0.293		8:43	0.65	9:10	1.08	9:17	1.13	9:48	1.12	
23	5,731,360	0.284		9:20	0.83	9:34	0.95	9:39	0.87	10:00	1.15	
24	6,015,748	0.274		9:18	1.04	9:26	1.00	9:32	0.93	9:58	1.08	
25	6,289,732	0.288		8:48	0.84	8:54	0.96	9:59	0.94	9:43	1.01	
26	6,577,401	0.271		9:16	1.12	9:23	0.94	9:27	0.96	9:56	0.97	
27	6,848,048	0.302										
28	7,150,358	0.331										
29	7,481,503	0.221		8:53	1.06	9:07	0.55	9:13	0.69	9:36	1.10	
30	7,702,913	0.191		8:26	0.67	8:51	0.55	8:55	0.64	9:35	0.81	

Water Supervisor Signature: Karl Frink Date: 5/1/2024

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