

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 Aug-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			0.030				
2			0.036				
3			0.030				
4			0.031				
5			0.033				
6			0.039				
7			0.034				
8			0.035				
9			0.032				
10			0.037				
11			0.032				
12			0.035				
13			0.035				
14			0.044				
15			0.038				
16			0.038				
17			0.040				
18			0.045				
19			0.044				
20			0.050				
21			0.038				
22			0.035				
23			0.045				
24			0.043				
25			0.039				
26			0.038				
27			0.033				
28			0.032				
29			0.035				
30			0.028				
31			0.035				

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 ² residual at entry point ≥ 0.2 mg/l?
Notes:		PRINTED NAME: Karl Frink	DATE: 9/5/2024
		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:** **Aug-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/	0.96	83	79.68	21.8	7.74	23	YES	400
2/	0.85	83	70.55	23.1	7.90	21	YES	373
3/	0.83	83	68.89	22.7	7.63	21	YES	378
4/	0.97	83	80.51	22.7	7.67	21	YES	376
5/	0.81	83	67.23	23.0	8.08	22	YES	383
6/	1.03	83	85.49	22.3	7.86	23	YES	390
7/	0.97	83	80.51	22.6	7.89	23	YES	394
8/	0.96	83	79.68	22.1	7.77	22	YES	388
9/	0.93	83	77.19	21.8	7.65	22	YES	391
10/	0.76	83	63.08	23.1	7.81	21	YES	385
11/	1.01	83	83.83	22.3	7.47	20	YES	378
12/	0.86	83	71.38	21.9	7.44	21	YES	359
13/	0.93	83	77.19	21.9	7.61	22	YES	373
14/	0.69	83	57.27	21.8	7.94	24	YES	396
15/	0.88	83	73.04	21.5	7.53	22	YES	391
16/	0.78	83	64.74	21.3	7.27	19	YES	403
17/	0.80	83	66.40	21.7	7.62	22	YES	406
18/	0.78	83	64.74	21.5	7.56	21	YES	407
19/	0.68	83	56.44	22.5	7.61	21	YES	401
20/	0.66	83	54.78	22.7	8.00	23	YES	399
21/	0.93	83	77.19	21.2	7.78	23	YES	385
22/	0.80	83	66.40	21.1	7.61	22	YES	393
23/	0.71	83	58.93	22.1	7.78	21	YES	394
24/	0.91	83	75.53	22.0	7.82	22	YES	383
25/	1.14	83	94.62	21.5	7.61	22	YES	407
26/	1.12	83	92.96	21.9	7.57	22	YES	397
27/	1.04	83	86.32	21.4	7.48	21	YES	393
28/	1.04	83	86.32	20.7	7.55	24	YES	384
29/	1.04	83	86.32	21.1	7.52	22	YES	394
30/	1.22	83	101.26	20.0	7.43	23	YES	385
31/	0.93	83	77.19	22.1	7.43	19	YES	401

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: Aug-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	0.431		8:23	0.38	9:35	0.40	9:41	0.71	10:01	0.78	
2	431,196	0.571		8:21	0.52	8:31	0.49	8:40	0.56	9:03	0.68	
3	1,001,706	0.416										
4	1,418,041	0.383										
5	1,800,812	0.383		7:49	0.33	7:57	0.43	8:03	0.50	8:44	0.31	
6	2,183,583	0.492		7:38	0.48	7:56	0.77	8:05	0.48	8:24	0.65	
7	2,675,408	0.634		7:15	0.37	7:52	0.74	7:58	0.81	8:52	0.79	
8	3,309,070	0.557		9:13	0.27	9:30	0.75	9:34	0.84	9:51	0.82	
9	3,866,328	0.410		7:53	0.43	8:14	0.55	8:25	0.78	8:57	0.66	
10	4,275,846	0.544										
11	4,820,172	0.477										
12	5,297,361	0.472		8:53	0.38	9:06	0.59	9:13	0.80	9:49	0.66	
13	5,769,413	0.366		7:54	0.48	8:00	0.58	8:06	0.32	8:44	0.63	
14	6,135,846	0.612		8:34	0.35	8:46	0.34	8:53	0.31	9:15	0.29	
15	6,747,407	0.396		8:31	0.49	8:50	0.60	9:15	0.58	9:46	0.40	
16	7,143,208	0.498		9:57	0.33	10:07	0.34	10:12	0.39	10:31	0.36	
17	7,640,871	0.327										
18	7,967,416	0.353										
19	8,320,838	0.445		8:09	0.35	8:22	0.28	8:30	0.40	8:52	0.57	
20	8,765,701	0.498		8:28	0.23	8:38	0.27	8:47	0.64	9:21	0.77	
21	9,263,828	0.349		8:04	0.38	8:15	0.71	8:24	0.80	8:43	0.75	
22	9,612,711	0.338		8:05	0.35	8:13	0.50	8:27	0.56	8:59	0.55	
23	9,950,632	0.338		8:28	0.39	8:39	0.42	8:50	0.51	9:07	0.61	
24	10,288,693	0.362										
25	10,651,071	0.395										
26	11,045,593	0.447		8:58	0.39	9:14	0.41	9:20	0.57	9:36	0.59	
27	11,492,989	0.384		7:58	0.40	8:51	0.43	8:56	0.80	9:22	0.57	
28	11,876,943	0.423		8:20	0.37	8:57	0.54	9:04	0.68	9:28	0.58	
29	12,300,290	0.469		8:00	0.50	8:29	0.51	8:33	0.73	8:50	0.57	
30	12,769,650	0.372		9:46	0.50	9:57	0.48	10:01	0.71	10:15	0.60	
31	13,141,175	0.451										

Water Supervisor Signature: Karl Frink Date: 9/5/2024

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