

**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/Year:**

**Feb-26**

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			0.027				
2			0.027				
3			0.027				
4			0.027				
5			0.027				
6			0.028				
7			0.025				
8			0.026				
9			0.028				
10			0.062				
11			0.028				
12			0.028				
13			0.025				
14			0.024				
15			0.025				
16			0.025				
17			0.085				
18			0.025				
19			0.075				
20			0.027				
21			0.028				
22			0.027				
23			0.028				
24			0.028				
25			0.077				
26			0.027				
27			0.060				
28			0.026				
29							
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Montly Summary (Answer Yes or No)</b>	
95% of turbidity readings ≤ 1 NTU? All turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	CT's met everyday? (see back)	All Cl <sup>-</sup> residual at entry point ≥ 0.2 mg/L?
		<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		
	<b>SIGNATURE:</b> <i>Karl Frink</i>	<b>DATE:</b> 3/4/2026	
	<b>PHONE #:</b> (541)466-3381	<b>CERT #:</b> 7037	

<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: **Feb-26**

Date/ Time	Minimum $Cl_2$ 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/	1.21	83	100.43	13.1	7.44	37	YES	335
2/	0.95	83	78.85	13.3	7.43	36	YES	391
3/	0.97	83	80.51	13.1	7.42	35	YES	335
4/	1.01	83	83.83	13.2	7.41	35	YES	331
5/	0.87	83	72.21	13.0	7.34	33	YES	344
6/	0.94	83	78.02	13.0	7.41	36	YES	329
7/	1.05	83	87.15	13.0	7.30	34	YES	322
8/	1.18	83	97.94	12.0	7.36	36	YES	332
9/	1.07	83	88.81	12.5	7.44	40	YES	328
10/	0.94	83	78.02	14.8	7.33	32	YES	332
11/	1.08	83	89.64	12.7	7.20	35	YES	328
12/	0.88	83	73.04	12.7	7.23	34	YES	333
13/	1.02	83	84.66	12.9	7.30	37	YES	329
14/	1.09	83	90.47	13.0	7.41	37	YES	327
15/	0.96	83	79.68	13.2	7.46	36	YES	326
16/	0.94	83	78.02	12.8	7.57	41	YES	326
17/	0.80	83	66.40	14.7	7.97	39	YES	323
18/	0.94	83	78.02	12.1	7.83	45	YES	324
19/	0.75	83	62.25	14.8	7.81	36	YES	327
20/	0.98	83	81.34	12.1	7.84	44	YES	320
21/	0.98	83	81.34	12.9	7.82	45	YES	333
22/	0.95	83	78.85	12.9	7.71	44	YES	322
23/	0.95	83	78.85	13.4	7.80	40	YES	329
24/	0.82	83	68.06	12.7	8.72	61	YES	317
25/	0.85	83	70.55	15.7	7.75	34	YES	326
26/	0.78	83	64.74	12.3	7.54	40	YES	317
27/	0.87	83	72.21	14.5	7.48	33	YES	327
28/	0.98	83	81.34	12.5	7.39	38	YES	320
29/								
30/								
31/								

# CITY OF BROWNSVILLE

## RECORD OF DAILY CHLORINE APPLICATION

Water system ID #: **4100152**

Number of Services: 874

Water Superintendent: **Karl Frink**

Source of Water: Calapooia River

Number of Connections: 874

Month/Year: Feb-26

Chlorine Strength as Fed: 12.5% Sodium Hypochlorite

Make and Type of Chlorinator: Pulsafeed-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	0.264											
2	264,170	0.324		8:57	0.37	9:06	0.36	9:12	0.46	9:32	0.37		
3	587,824	0.338		8:49	0.27	9:06	0.66	9:15	0.74	9:32	0.64		
4	925,957	0.201		9:12	0.33	9:30	0.68	9:36	0.66	9:58	0.37		
5	1,127,332	0.297		8:34	0.36	9:11	0.44	9:19	0.24	9:36	0.55		
6	1,424,258	0.327		7:23	0.34	7:35	0.33	7:42	0.44	8:04	0.37		
7	1,750,766	0.239											
8	1,989,833	0.305											
9	2,295,287	0.272		9:36	0.70	10:12	0.43	10:17	0.50	10:34	0.43		
10	2,567,608	0.230		10:10	0.28	10:32	0.24	10:37	0.55	10:59	0.42		
11	2,797,127	0.283		8:06	0.47	8:35	0.58	8:39	0.43	9:10	0.30		
12	3,079,634	0.262		9:15	0.28	9:49	0.22	9:55	0.55	10:15	0.39		
13	3,341,850	0.215		9:00	0.33	9:36	0.38	9:41	0.55	9:59	0.22		
14	3,556,556	0.302											
15	3,858,514	0.231											
16	4,089,545	0.287											
17	4,376,584	0.260		10:02	0.27	10:21	0.25	10:24	0.39	10:58	0.49		
18	4,636,914	0.248		9:19	0.35	9:31	0.47	9:36	0.41	10:06	0.33		
19	4,884,629	0.261		10:12	0.37	10:21	0.26	10:26	0.48	10:50	0.52		
20	5,145,246	0.244		9:19	0.32	9:25	0.36	9:29	0.51	9:53	0.37		
21	5,388,825	0.244											
22	5,633,033	0.293											
23	5,925,701	0.244		8:26	0.37	8:53	0.43	8:38	0.50	9:30	0.42		
24	6,169,829	0.243		8:25	0.37	8:58	0.45	9:03	0.43	9:32	0.52		
25	6,412,643	0.292		9:30	0.31	9:48	0.42	9:53	0.48	10:16	0.55		
26	6,704,923	0.230		10:50	0.24	10:59	0.33	11:06	0.38	11:25	0.38		
27	6,934,821	0.236		9:59	0.28	10:09	0.28	10:16	0.51	10:36	0.32		
28	7,171,141	0.283											
29													
30													
31													

Water Supervisor Signature: Karl Frink Date: 3/4/2026

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