

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 May-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 ¹ (NTU)
1			0.030				
2			0.028				
3			0.031				
4			0.030				
5			0.031				
6			0.031				
7			0.030				
8			0.030				
9			0.030				
10			0.031				
11			0.031				
12			0.030				
13			0.033				
14			0.030				
15			0.029				
16			0.029				
17			0.030				
18			0.028				
19			0.030				
20			0.031				
21			0.028				
22			0.025				
23			0.031				
24			0.036				
25			0.038				
26			0.040				
27			0.038				
28			0.035				
29			0.035				
30			0.071				
31			0.038				

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		DATE: 5/6/2023
	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:** **May-23**

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]	CXT	°C		Use Tables	Yes/No	[GPM]
1/	0.61	83	50.63	12.5	7.88	44	YES	212
2/	0.88	83	73.04	11.5	8.01	52	YES	207
3/	1.09	83	90.47	11.6	7.97	51	YES	207
4/	1.25	83	103.75	13.2	7.84	44	YES	206
5/	1.18	83	97.94	12.7	7.91	48	YES	217
6/	1.17	83	97.11	11.5	8.08	54	YES	219
7/	1.16	83	96.28	12.3	8.21	54	YES	211
8/	1.18	83	97.94	12.5	7.84	46	YES	211
9/	1.21	83	100.43	13.0	7.25	35	YES	219
10/	1.19	83	98.77	13.1	7.20	33	YES	208
11/	1.25	83	103.75	12.6	7.24	38	YES	210
12/	1.17	83	97.11	12.6	7.35	39	YES	204
13/	1.12	83	92.96	14.5	7.45	34	YES	217
14/	0.65	83	53.95	13.2	7.21	33	YES	266
15/	0.53	83	43.99	13.9	7.30	32	YES	224
16/	0.68	83	56.44	13.2	7.36	34	YES	224
17/	0.57	83	47.31	12.7	7.38	36	YES	205
18/	0.76	83	63.08	13.0	7.38	34	YES	263
19/	0.62	83	51.46	12.9	7.43	38	YES	203
20/	1.29	83	107.07	13.3	8.08	48	YES	218
21/	0.88	83	73.04	13.4	7.28	34	YES	237
22/	0.66	83	54.78	12.3	7.38	37	YES	204
23/	0.92	83	76.36	13.9	7.47	36	YES	373
24/	0.57	83	47.31	15.0	7.79	32	YES	367
25/	0.71	83	58.93	15.7	8.45	42	YES	365
26/	1.19	83	98.77	17.2	8.00	33	YES	343
27/	1.11	83	92.13	17.4	8.31	39	YES	358
28/	1.07	83	88.81	17.7	8.78	45	YES	330
29/	1.01	83	83.83	18.1	9.23	45	YES	354
30/	0.67	83	55.61	18.1	8.80	40	YES	376
31/	0.88	83	73.04	13.3	7.30	34	YES	378

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: May-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	0.347		8:05	1.40	8:23	0.60	8:31	0.94	9:29	0.82	
2	346,717	0.216		8:52	1.54	9:07	1.93	9:18	0.96	9:45	1.41	
3	562,317	0.232		9:00	1.44	9:11	0.94	9:19	1.37	9:35	1.68	
4	794,227	0.215		8:58	1.34	9:12	0.75	9:20	1.37	9:43	1.35	
5	1,009,117	0.224		9:19	1.07	9:29	0.76	9:37	1.32	9:57	1.33	
6	1,233,515	0.241										
7	1,474,736	0.277										
8	1,751,603	0.224		9:45	0.73	9:52	0.37	9:57	1.10	10:16	0.94	
9	1,975,956	0.260		9:03	0.84	9:12	0.75	9:18	1.12	9:51	1.06	
10	2,235,820	0.304		8:51	0.70	8:59	0.66	9:05	1.17	9:23	0.98	
11	2,540,070	0.246		9:28	0.78	9:45	0.71	9:54	1.13	10:13	0.84	
12	2,785,675	0.250		8:36	0.55	8:51	1.06	8:56	0.53	9:21	1.07	
13	3,035,550	0.324										
14	3,359,265	0.381										
15	3,740,527	0.346		9:39	0.53	9:57	0.65	10:03	0.40	10:21	0.34	
16	4,086,045	0.334		9:16	0.61	9:23	0.68	9:30	0.34	9:58	0.25	
17	4,419,782	0.391		7:52	0.30	8:10	0.89	8:16	0.73	8:35	0.76	
18	4,811,168	0.331		11:03	0.31	10:09	0.82	11:14	0.78	11:31	0.80	
19	5,142,434	0.275		9:36	0.49	10:07	0.70	10:13	0.53	10:39	0.44	
20	5,417,412	0.298										
21	5,715,623	0.316										
22	6,031,568	0.403		9:18	1.13	9:27	1.57	9:31	1.24	9:47	0.99	
23	6,434,930	0.491		7:58	0.74	8:10	0.91	8:14	0.92	8:34	0.96	
24	6,926,256	0.575		8:38	0.65	8:46	0.87	8:50	0.90	8:57	0.90	
25	7,501,603	0.166		8:51	0.63	8:59	0.69	9:03	0.70	9:16	0.74	
26	7,667,289	0.404		9:01	0.72	9:25	0.70	9:29	0.72	9:55	0.77	
27	8,071,654	0.436										
28	8,507,479	0.339										
29	8,846,067	0.344										
30	9,189,842	0.449		8:35	0.46	8:55	0.71	9:04	0.87	9:33	0.81	
31	9,638,800	0.432		9:07	0.34	9:17	0.62	9:46	0.62	9:46	0.54	

Water Supervisor Signature: Karl Frink Date: 5/6/2023

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