

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 Sep-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			0.032				
2			0.034				
3			0.033				
4			0.034				
5			0.035				
6			0.078				
7			0.088				
8			0.039				
9			0.043				
10			0.081				
11			0.088				
12			0.067				
13			0.082				
14			0.077				
15			0.035				
16			0.034				
17			0.052				
18			0.038				
19			0.058				
20			0.072				
21			0.069				
22			0.098				
23			0.093				
24			0.072				
25			0.039				
26			0.050				
27			0.042				
28			0.035				
29			0.046				
30			0.076				
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Montly 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	
		SIGNATURE: <i>Karl Frink</i>	DATE: 10/3/2023
		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:** **Sep-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]	C X T	°C		Use Tables	Yes/No	[GPM]
1/	0.68	83	56.44	20.3	7.64	24	YES	328
2/	0.93	83	77.19	20.9	7.68	24	YES	348
3/	0.90	83	74.70	21.0	7.68	22	YES	352
4/	1.08	83	89.64	20.7	7.70	25	YES	359
5/	0.99	83	82.17	20.1	7.68	24	YES	351
6/	0.84	83	69.72	20.4	7.54	23	YES	348
7/	0.75	83	62.25	20.5	7.57	23	YES	368
8/	1.01	83	83.83	19.6	7.53	26	YES	355
9/	1.24	83	102.92	20.1	7.58	24	YES	343
10/	1.14	83	94.62	20.7	7.57	24	YES	343
11/	1.15	83	95.45	20.9	7.57	24	YES	344
12/	1.40	83	116.20	20.4	7.62	25	YES	380
13/	1.15	83	95.45	21.0	7.59	22	YES	348
14/	1.24	83	102.92	20.5	7.55	24	YES	362
15/	1.03	83	85.49	20.1	7.53	24	YES	354
16/	1.07	83	88.81	20.5	7.56	24	YES	344
17/	1.29	83	107.07	20.7	7.58	24	YES	339
18/	0.59	83	48.97	20.0	7.52	22	YES	344
19/	0.57	83	47.31	20.1	7.60	22	YES	346
20/	0.49	83	40.67	20.1	7.66	23	YES	345
21/	0.89	83	73.87	19.6	7.69	26	YES	346
22/	0.51	83	42.33	19.3	7.69	25	YES	339
23/	0.65	83	53.95	19.6	7.77	26	YES	342
24/	0.68	83	56.44	19.3	7.68	26	YES	353
25/	0.57	83	47.31	17.8	7.56	27	YES	349
26/	0.51	83	42.33	17.3	7.53	27	YES	353
27/	1.40	83	116.20	17.4	7.61	30	YES	346
28/	1.57	83	130.31	17.1	7.50	30	YES	343
29/	1.73	83	143.59	17.2	8.19	39	YES	352
30/	1.95	83	161.85	17.8	7.88	35	YES	347
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: 837 Month/Year: Sep-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	0.343		7:10	0.53	7:18	0.51	7:23	0.57	7:40	0.54	
2	342,677	0.308										
3	650,542	0.325										
4	975,414	0.342										
5	1,317,040	0.508		9:38	0.48	9:45	0.57	9:56	0.70	10:22	0.66	
6	1,824,602	0.315		7:40	0.55	8:03	0.29	8:10	0.48	8:30	0.67	
7	2,139,967	0.396		8:32	0.48	8:41	0.37	8:48	0.70	9:08	0.62	
8	2,535,666	0.425		9:00	0.23	9:21	0.50	9:26	0.47	9:48	0.82	
9	2,960,248	0.354										
10	3,313,966	0.379										
11	3,693,432	0.415		9:23	0.53	9:33	0.58	9:38	0.66	9:55	0.93	
12	4,107,986	0.414		7:13	0.66	7:31	0.73	7:35	1.28	7:54	1.08	
13	4,521,500	0.436		9:23	0.92	9:40	0.68	9:44	0.79	9:58	1.11	
14	4,957,699	0.473		8:15	0.99	8:23	0.74	8:28	0.84	8:50	1.04	
15	5,431,150	0.390		9:04	0.81	9:16	0.77	9:31	0.82	9:38	1.01	
16	5,820,706	0.346										
17	6,166,325	0.372										
18	6,538,246	0.429		9:46	0.56	9:56	0.55	10:00	0.50	10:35	0.60	
19	6,966,942	0.379		9:16	0.40	9:29	0.34	9:33	0.34	9:56	0.38	
20	7,345,839	0.380		8:41	0.36	8:51	0.43	8:55	0.44	9:32	0.71	
21	7,725,960	0.396		9:24	0.36	9:52	0.42	10:00	0.41	10:24	0.31	
22	8,122,360	0.317		9:20	0.34	9:32	0.45	9:39	0.56	10:01	0.44	
23	8,439,431	0.288										
24	8,727,605	0.289										
25	9,016,623	0.261		10:12	0.31	10:22	0.39	10:29	0.28	11:02	0.35	
26	9,277,520	0.314		9:07	0.37	9:15	0.25	9:26	0.22	9:54	0.26	
27	9,591,461	0.262		7:19	0.33	7:27	0.28	7:39	0.25	7:53	0.24	
28	9,853,427	0.252		9:55	0.30	10:03	1.02	10:09	0.33	10:33	0.54	
29	10,105,118	0.349		8:45	0.37	8:58	0.91	9:04	0.59	9:35	0.70	
30	10,453,653	0.287										
31	10,740,633											

Water Supervisor Signature: Karl Frink Date: 10/3/2023

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