

# 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 Jan-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 <sup>1</sup> (NTU)
1			0.035				
2			0.033				
3			0.039				
4			0.042				
5			0.043				
6			0.048				
7			0.052				
8			0.056				
9			0.060				
10			0.063				
11			0.065				
12			0.025				
13			0.032				
14			0.025				
15			0.025				
16			0.030				
17			0.030				
18			0.024				
19			0.027				
20			0.026				
21			0.027				
22			0.026				
23			0.025				
24			0.025				
25			0.041				
26			0.027				
27			0.043				
28			0.028				
29			0.025				
30			0.038				
31			0.026				

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>	<b>Montly Summary (Answer Yes or No)</b>	
95% of turbidity readings $\leq$ 1 NTU? All turbidity readings $\leq$ 5 NTU?	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sup>2</sup> residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink	
	<b>SIGNATURE:</b> <i>Karl Frink</i>	<b>DATE:</b> 2/8/2024
	<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:**    **Jan-24**

Date/ Time	Minimum $\text{Cl}_2$ 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/	1.20	83	99.60	14.3	7.44	34	YES	211
2/	1.22	83	101.26	14.7	7.61	35	YES	207
3/	1.17	83	97.11	14.1	7.64	37	YES	203
4/	1.10	83	91.30	17.6	7.76	31	YES	210
5/	1.22	83	101.26	14.2	8.18	45	YES	205
6/	1.09	83	90.47	13.0	7.76	35	YES	204
7/	1.12	83	92.96	12.5	8.18	52	YES	206
8/	1.17	83	97.11	12.3	7.71	43	YES	206
9/	1.21	83	100.43	12.6	7.68	44	YES	204
10/	0.89	83	73.87	15.8	8.30	42	YES	212
11/	1.13	83	93.79	11.8	8.24	58	YES	207
12/	1.07	83	88.81	11.4	8.42	63	YES	205
13/	1.34	83	111.22	12.7	7.50	41	YES	205
14/	1.02	83	84.66	9.8	8.02	61	YES	212
15/	1.38	83	114.54	9.6	7.34	48	YES	212
16/	1.32	83	109.56	11.4	7.31	42	YES	213
17/	1.28	83	106.24	10.5	7.24	44	YES	208
18/	1.30	83	107.90	9.7	7.20	45	YES	0
19/	1.16	83	96.28	10.8	7.63	50	YES	213
20/	0.93	83	77.19	11.6	7.31	41	YES	212
21/	0.91	83	75.53	11.5	7.22	39	YES	211
22/	0.90	83	74.70	11.6	7.21	39	YES	208
23/	1.01	83	83.83	12.1	7.28	37	YES	209
24/	0.95	83	78.85	12.6	7.35	38	YES	219
25/	0.86	83	71.38	15.0	7.53	32	YES	248
26/	0.81	83	67.23	11.9	7.49	42	YES	211
27/	0.82	83	68.06	15.6	7.83	33	YES	210
28/	0.87	83	72.21	12.8	7.53	41	YES	212
29/	0.95	83	78.85	13.0	7.58	37	YES	203
30/	0.96	83	79.68	12.9	7.70	42	YES	215
31/	0.91	83	75.53	12.6	7.66	42	YES	205

# 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: Jan-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	0.259											
2	258,547	0.253											
3	511,418	0.224		9:48	0.78	9:57	0.76	10:02	0.64	10:32	0.69		
4	735,544	0.263		9:35	0.73	9:43	0.74	9:47	0.68	10:24	0.72		
5	998,753	0.269		9:28	0.76	9:37	0.77	9:42	0.73	9:54	0.74		
6	1,267,495	0.223											
7	1,490,692	0.300											
8	1,790,279	0.291		8:06	0.95	8:20	0.82	8:27	1.01	8:46	1.08		
9	2,081,684	0.221		8:05	0.36	8:13	0.80	8:31	1.03	8:52	0.82		
10	2,303,031	0.305		9:30	0.90	9:43	0.53	9:50	0.98	10:18	0.94		
11	2,607,547	0.297		9:37	0.95	10:07	0.46	10:13	0.75	10:33	1.02		
12	2,904,603	0.187		9:41	0.76	10:05	0.80	10:10	1.02	10:24	0.92		
13	3,091,716	0.287											
14	3,378,729	0.322											
15	3,700,253	0.253											
16	3,953,621												
17	3,953,621	0.382		9:44	0.43	10:22	0.80	10:53	0.81	11:26	0.55		
18	4,335,373	0.295		9:36	0.85	9:50	0.82	10:01	0.73	10:31	0.98		
19	4,630,597	0.323		7:27	0.64	7:50	0.91	7:58	0.85	8:37	0.93		
20	4,953,779	0.322											
21	5,275,813	0.340											
22	5,616,164	0.326		9:08	0.83	10:00	0.87	10:07	0.90	10:27	0.82		
23	5,942,206	0.321		9:42	0.80	9:54	0.95	10:03	0.84	10:34	0.84		
24	6,263,622	0.243		9:29	0.67	9:40	0.93	9:50	0.87	10:17	0.87		
25	6,506,401	0.308		8:05	0.66	8:25	0.54	8:34	0.91	9:54	0.81		
26	6,814,792	0.230		9:18	0.71	9:32	0.58	9:42	0.61	10:06	0.56		
27	7,044,669	0.297											
28	7,341,594	0.331											
29	7,672,738	0.274		8:16	0.79	8:26	0.61	8:31	0.76	8:50	0.90		
30	7,946,339	0.300		8:52	0.76	9:23	0.70	9:27	0.77	10:03	0.87		
31	8,246,371	0.315		9:34	0.79	9:41	0.72	9:45	0.77	10:02	0.84		

Water Supervisor Signature: Karl Frink      Date: 2/8/2024

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