

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

<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?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>4</sup>	CT's met everyday? (see back)	All Cl <sup>2</sup> residual at entry point $\geq$ 0.2 mg/l?
	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b>	<b>PRINTED NAME:</b> Karl Frink		<b>DATE:</b> 7/2/2024
	<b>SIGNATURE:</b> <i>Karl Frink</i>		<b>CERT #:</b> 7037
	<b>PHONE #:</b> (541)466-3381		

<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:**    **Jun-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/	0.99	83	82.17	16.9	7.96	34	YES	326
2/	0.80	83	66.40	18.3	8.04	32	YES	329
3/	0.82	83	68.06	17.9	7.93	31	YES	329
4/	0.59	83	48.97	17.8	8.44	37	YES	338
5/	0.50	83	41.50	18.3	8.45	35	YES	340
6/	0.71	83	58.93	18.6	8.00	30	YES	330
7/	0.84	83	69.72	17.6	7.49	27	YES	346
8/	1.02	83	84.66	18.0	7.64	28	YES	328
9/	1.28	83	106.24	18.8	7.56	27	YES	327
10/	1.10	83	91.30	20.0	7.52	24	YES	330
11/	1.13	83	93.79	20.2	7.59	24	YES	324
12/	1.10	83	91.30	19.5	7.74	28	YES	338
13/	1.01	83	83.83	20.2	7.77	26	YES	326
14/	1.06	83	87.98	18.1	7.63	28	YES	336
15/	1.07	83	88.81	19.0	7.94	28	YES	374
16/	1.10	83	91.30	18.9	7.93	30	YES	328
17/	1.05	83	87.15	18.4	7.94	30	YES	339
18/	0.88	83	73.04	18.4	8.03	30	YES	327
19/	1.12	83	92.96	18.3	7.71	29	YES	320
20/	1.00	83	83.00	19.4	7.62	26	YES	373
21/	1.16	83	96.28	18.5	7.49	26	YES	333
22/	1.02	83	84.66	19.4	7.48	25	YES	328
23/	1.37	83	113.71	20.5	7.45	23	YES	333
24/	0.94	83	78.02	20.5	7.44	22	YES	330
25/	1.05	83	87.15	20.9	7.44	23	YES	331
26/	1.12	83	92.96	19.8	7.32	24	YES	358
27/	1.16	83	96.28	19.3	7.32	24	YES	372
28/	0.76	83	63.08	18.9	7.23	23	YES	370
29/	0.64	83	53.12	20.5	7.43	22	YES	327
30/	1.11	83	92.13	20.7	7.45	23	YES	335
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: 804      Month/Year: Jun-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	0.320											
2	320,048	0.274											
3	594,385	0.255		9:33	0.34	9:42	0.49	9:51	0.52	10:15	0.38		
4	849,575	0.275		9:14	0.36	9:21	0.55	9:33	0.34	10:08	0.44		
5	1,124,175	0.352		9:03	0.46	9:51	0.32	9:55	0.33	10:02	0.41		
6	1,476,195	0.381		9:26	0.34	9:44	0.32	10:02	0.48	10:27	0.47		
7	1,857,048	0.398		8:04	0.32	8:11	0.36	8:17	0.48	8:56	0.52		
8	2,254,883	0.347											
9	2,602,139	0.380											
10	2,982,478	0.402		9:45	0.47	10:01	0.35	10:09	0.48	10:33	0.66		
11	3,383,982	0.377		9:07	0.43	9:17	0.41	9:25	0.57	9:52	0.41		
12	3,760,830	0.393		9:27	0.41	9:38	0.38	9:44	0.43	10:08	0.32		
13	4,153,698	0.421		9:18	0.34	9:27	0.40	9:37	0.67	9:55	0.65		
14	4,574,976	0.368		9:29	0.28	9:43	0.41	9:50	0.51	10:14	0.40		
15	4,942,861	0.287											
16	5,229,965	0.292											
17	5,521,483	0.319		8:44	0.36	8:52	0.39	8:56	0.48	9:09	0.65		
18	5,840,093	0.391		7:07	0.41	7:41	0.52	7:50	0.80	8:12	0.74		
19	6,230,955	0.419		8:08	0.31	8:20	0.34	8:27	0.61	8:45	0.68		
20	6,649,745	0.431		8:41	0.42	8:51	0.38	8:55	0.63	9:05	0.74		
21	7,080,387	0.500		8:05	0.35	8:14	0.31	8:21	0.39	8:52	0.48		
22	7,580,868	0.351											
23	7,932,222	0.180											
24	8,112,311	0.658		8:17	0.50	8:30	0.41	8:38	0.54	9:05	0.50		
25	8,770,178	0.504		8:52	0.37	9:05	0.44	9:14	0.85	9:47	0.68		
26	9,274,197	0.386		8:26	0.41	8:37	0.64	8:45	0.76	9:08	0.81		
27	9,660,312	0.334		9:26	0.36	9:36	0.67	9:45	0.47	10:05	0.59		
28	9,993,911	0.460		8:55	0.51	9:08	0.39	9:15	0.40	9:41	0.34		
29	10,454,141	0.408											
30	10,862,270	0.516											
31	11,378,769												

Water Supervisor Signature: Karl Frink      Date: 7/2/2024

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