

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-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 ¹ (NTU)
1			0.034				
2			0.035				
3			0.033				
4			0.029				
5			0.029				
6			0.036				
7			0.033				
8			0.030				
9			0.036				
10			0.036				
11			0.036				
12			0.036				
13			0.036				
14			0.033				
15			0.033				
16			0.033				
17			0.034				
18			0.033				
19			0.033				
20			0.033				
21			0.032				
22			0.031				
23			0.038				
24			0.033				
25			0.032				
26			0.035				
27			0.035				
28			0.034				
29			0.033				
30			0.033				
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: 10/9/2024
		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-24**

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/	1.06	83	87.98	21.2	7.23	20	YES	323
2/	1.07	83	88.81	21.3	7.27	20	YES	331
3/	1.03	83	85.49	21.5	7.34	19	YES	350
4/	1.14	83	94.62	20.6	7.30	21	YES	357
5/	1.08	83	89.64	20.9	7.53	22	YES	369
6/	0.75	83	62.25	23.2	7.64	18	YES	367
7/	0.84	83	69.72	22.1	7.56	20	YES	332
8/	0.90	83	74.70	21.9	7.50	21	YES	358
9/	0.89	83	73.87	22.8	7.24	18	YES	358
10/	0.83	83	68.89	22.7	7.25	18	YES	361
11/	0.78	83	64.74	22.5	7.25	18	YES	323
12/	0.70	83	58.10	22.5	7.37	18	YES	329
13/	0.76	83	63.08	21.4	7.42	20	YES	323
14/	0.70	83	58.10	21.3	7.56	21	YES	343
15/	0.76	83	63.08	21.4	7.58	21	YES	335
16/	0.84	83	69.72	21.7	7.51	21	YES	352
17/	0.92	83	76.36	21.5	7.46	21	YES	342
18/	0.88	83	73.04	21.3	7.42	21	YES	318
19/	0.71	83	58.93	20.9	7.39	22	YES	350
20/	0.77	83	63.91	21.1	7.38	21	YES	354
21/	0.81	83	67.23	20.6	7.32	22	YES	332
22/	0.72	83	59.76	19.8	7.42	25	YES	332
23/	0.83	83	68.89	21.5	7.39	20	YES	328
24/	1.03	83	85.49	20.3	7.38	21	YES	327
25/	0.89	83	73.87	21.3	7.32	20	YES	330
26/	0.81	83	67.23	21.0	7.42	21	YES	325
27/	0.84	83	69.72	21.3	7.34	20	YES	333
28/	0.77	83	63.91	20.7	7.41	22	YES	324
29/	0.88	83	73.04	20.4	7.39	21	YES	322
30/	0.80	83	66.40	20.2	7.38	21	YES	328
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: Sep-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	0.389											
2	389,228	0.388											
3	776,956	0.542		8:31	0.54	8:56	0.34	9:10	0.53	9:44	0.31		
4	1,318,873	0.400		8:16	0.44	0.619	0.63	8:50	0.71	9:17	0.44		
5	1,718,957	0.378		9:03	0.29	9:28	0.49	9:37	0.66	10:02	0.59		
6	2,097,226	0.440		8:33	0.33	9:06	0.35	9:14	0.45	9:36	0.54		
7	2,536,883	0.380											
8	2,917,340	0.394											
9	3,311,771	0.402		9:34	0.36	9:42	0.49	9:48	0.62	10:01	0.56		
10	3,714,204	0.373		9:13	0.31	9:25	0.51	9:31	0.39	10:08	0.49		
11	4,087,452	0.298		8:41	0.38	9:31	0.42	9:37	0.47	10:02	0.59		
12	4,385,290	0.309		9:03	0.30	9:41	0.34	9:47	0.57	10:23	0.43		
13	4,693,912	0.334		8:01	0.32	8:25	0.33	8:29	0.66	8:48	0.36		
14	5,027,872	0.335											
15	5,363,028	0.341											
16	5,704,275	0.354		7:40	0.29	8:08	0.44	8:20	0.58	8:38	0.77		
17	6,058,036	0.325		9:23	0.41	9:30	0.31	9:36	0.45	10:03	0.51		
18	6,383,342	0.318		8:56	0.33	9:20	0.33	9:24	0.47	9:48	0.58		
19	6,701,581	0.330		8:18	0.38	8:32	0.46	8:40	0.49	8:56	0.66		
20	7,031,172	0.369		8:52	0.32	9:04	0.41	9:09	0.49	9:20	0.64		
21	7,400,229	0.364											
22	7,763,782	0.337											
23	8,100,969	0.376		9:29	0.35	9:40	0.45	9:48	0.35	10:02	0.49		
24	8,476,498	0.389		8:22	0.32	8:49	0.45	8:51	0.50	9:10	0.65		
25	8,865,046	0.308		9:03	0.35	9:25	0.45	9:31	0.45	9:48	0.53		
26	9,173,295	0.300		8:53	0.31	9:25	0.52	9:31	0.54	9:55	0.48		
27	9,473,192	0.329		9:01	0.35	9:10	0.42	9:15	0.44	9:40	0.47		
28	9,802,168	0.313											
29	10,114,795	0.331											
30	10,445,990	0.352		9:09	0.29	9:17	0.41	9:25	0.47	9:42	0.60		

Water Supervisor Signature: Karl Frink Date: 10/9/2024

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