

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 Oct-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			0.032				
2			0.031				
3			0.032				
4			0.029				
5			0.030				
6			0.029				
7			0.030				
8			0.027				
9			0.031				
10			0.032				
11			0.029				
12			0.027				
13			0.026				
14			0.030				
15			0.026				
16			0.027				
17			0.030				
18			0.028				
19			0.030				
20			0.030				
21			0.028				
22			0.030				
23			0.030				
24			0.030				
25			0.030				
26			0.029				
27			0.030				
28			0.031				
29			0.031				
30			0.031				
31			0.032				

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: 11/5/2024
	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:** **Oct-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/	0.83	83	68.89	20.0	7.47	21	YES	323
2/	0.79	83	65.57	19.4	7.60	24	YES	328
3/	0.73	83	60.59	19.4	7.74	25	YES	353
4/	0.83	83	68.89	17.7	7.68	29	YES	327
5/	1.04	83	86.32	17.0	7.75	30	YES	328
6/	1.04	83	86.32	18.0	7.63	26	YES	325
7/	1.05	83	87.15	18.2	7.52	27	YES	334
8/	1.11	83	92.13	18.3	7.37	25	YES	327
9/	1.04	83	86.32	18.8	7.36	24	YES	336
10/	1.04	83	86.32	18.1	7.38	24	YES	324
11/	0.99	83	82.17	17.9	7.47	25	YES	329
12/	0.92	83	76.36	17.1	7.36	26	YES	337
13/	0.91	83	75.53	17.3	7.45	26	YES	315
14/	0.90	83	74.70	18.0	7.66	27	YES	321
15/	0.91	83	75.53	17.2	7.45	25	YES	325
16/	0.88	83	73.04	17.2	7.45	27	YES	320
17/	0.78	83	64.74	18.4	7.45	24	YES	329
18/	0.86	83	71.38	16.9	7.55	26	YES	326
19/	0.95	83	78.85	16.9	7.57	30	YES	324
20/	1.04	83	86.32	17.9	7.51	29	YES	327
21/	0.93	83	77.19	17.0	7.41	26	YES	322
22/	0.88	83	73.04	17.0	7.50	26	YES	319
23/	0.83	83	68.89	16.9	7.52	26	YES	318
24/	0.80	83	66.40	16.1	7.54	28	YES	321
25/	0.82	83	68.06	15.6	7.57	29	YES	321
26/	0.87	83	72.21	15.9	7.50	28	YES	319
27/	0.82	83	68.06	16.6	7.38	26	YES	322
28/	0.87	83	72.21	16.4	7.45	27	YES	325
29/	0.74	83	61.42	16.9	7.55	26	YES	319
30/	0.63	83	52.29	15.1	7.60	30	YES	322
31/	0.67	83	55.61	15.7	7.62	28	YES	318

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: Oct-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	0.348		8:32	0.31	8:42	0.45	8:55	0.77	9:21	0.59	
2	348,054	0.332		8:24	0.44	8:53	0.37	9:00	0.67	9:20	0.86	
3	680,110	0.353		8:28	0.48	8:57	0.65	9:03	0.74	9:31	1.07	
4	1,033,382	0.286		8:43	0.42	8:54	0.48	9:00	0.67	9:23	0.81	
5	1,319,167	0.292										
6	1,611,056	0.313										
7	1,924,114	0.340		8:23	0.21	8:33	0.47	8:38	0.72	9:03	0.74	
8	2,264,581	0.355		7:56	0.25	8:22	0.47	8:29	0.73	8:52	0.95	
9	2,619,088	0.301		8:20	0.35	9:00	0.48	9:06	0.62	9:24	0.71	
10	2,919,917	0.309		8:31	0.35	9:05	0.63	9:11	0.85	9:37	0.72	
11	3,228,802	0.367		7:46	0.44	8:11	0.45	8:17	0.61	8:38	0.78	
12	3,595,811	0.309										
13	3,904,360	0.322										
14	4,226,042	0.319		8:34	0.41	9:03	0.50	9:10	0.62	9:24	0.71	
15	4,544,951	0.300		8:14	0.41	8:47	0.48	8:53	0.63	9:13	0.63	
16	4,844,633	0.291		7:15	0.62	7:57	0.48	8:05	0.60	8:28	0.58	
17	5,135,800	0.295		8:43	0.36	9:05	0.49	9:12	0.65	9:39	0.48	
18	5,431,049	0.269		9:00	0.49	9:25	0.48	9:30	0.65	9:46	0.51	
19	5,699,757	0.275										
20	5,974,894	0.296										
21	6,270,739	0.280		9:18	0.48	9:29	0.46	9:15	0.65	9:37	0.63	
22	6,550,967	0.278		9:09	0.44	9:45	0.46	9:51	0.61	10:20	0.51	
23	6,829,295	0.276		9:13	0.35	9:50	0.42	9:56	0.56	10:13	0.47	
24	7,105,135	0.270		9:10	0.45	9:34	0.46	9:41	0.49	9:58	0.39	
25	7,374,877	0.274		9:26	0.27	9:46	0.47	9:52	0.47	10:14	0.43	
26	7,649,376	0.276										
27	7,925,349	0.281										
28	8,206,808	0.274		8:28	0.39	8:41	0.45	8:46	0.44	9:02	0.44	
29	8,480,449	0.276		8:38	0.46	8:57	0.34	9:06	0.47	9:36	0.47	
30	8,756,786	0.274		9:28	0.46	9:36	0.36	9:47	0.39	10:05	0.46	
31	9,030,988	0.273		8:36	0.30	8:49	0.40	8:54	0.50	9:25	0.37	

Water Supervisor Signature: Karl Frink Date: 11/5/2024

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