

**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/Year:**

**Dec-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			0.030				
2			0.040				
3			0.029				
4			0.030				
5			0.029				
6			0.027				
7			0.028				
8			0.036				
9			0.027				
10			0.027				
11			0.039				
12			0.028				
13			0.027				
14			0.038				
15			0.028				
16			0.027				
17			0.028				
18			0.034				
19			0.028				
20			0.028				
21			0.028				
22			0.027				
23			0.029				
24			0.028				
25			0.028				
26			0.028				
27			0.033				
28			0.035				
29			0.038				
30			0.042				
31			0.043				

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Montly Summary (Answer Yes or No)</b>	
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	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sup>-</sup> residual at entry point ≥ 0.2 mg/L? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: Karl Frink		DATE: 12/4/2024
	SIGNATURE: <i>Karl Frink</i>		CERT #: 7037
	PHONE #: (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: Dec-24

Date/ Time	Minimum $Cl_2$ 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/	1.73	83	143.59	13.1	7.33	38	YES	337
2/	1.32	83	109.56	15.6	7.41	30	YES	349
3/	1.42	83	117.86	12.9	7.49	41	YES	340
4/	1.26	83	104.58	13.5	7.40	36	YES	343
5/	1.50	83	124.50	13.8	8.41	50	YES	343
6/	1.51	83	125.33	12.1	7.41	40	YES	339
7/	1.19	83	98.77	13.0	7.44	36	YES	338
8/	1.30	83	107.90	14.7	7.69	37	YES	345
9/	1.27	83	105.41	13.3	7.70	40	YES	340
10/	1.32	83	109.56	13.0	7.64	41	YES	331
11/	1.20	83	99.60	16.7	7.81	34	YES	339
12/	1.38	83	114.54	13.2	7.51	39	YES	336
13/	1.38	83	114.54	13.5	7.45	37	YES	330
14/	1.14	83	94.62	15.6	7.47	31	YES	342
15/	1.52	83	126.16	13.4	7.41	38	YES	337
16/	1.52	83	126.16	13.5	7.39	37	YES	333
17/	1.29	83	107.07	13.6	8.60	57	YES	311
18/	0.97	83	80.51	14.2	7.53	34	YES	348
19/	1.25	83	103.75	14.1	7.34	33	YES	343
20/	1.10	83	91.30	16.7	7.43	29	YES	350
21/	0.79	83	65.57	14.0	7.33	31	YES	343
22/	0.79	83	65.57	16.3	7.40	77	NO	351
23/	0.82	83	68.06	13.6	7.32	33	YES	347
24/	0.72	83	59.76	15.1	7.35	28	YES	361
25/	0.77	83	63.91	14.0	7.40	31	YES	354
26/	0.74	83	61.42	13.5	7.34	33	YES	355
27/	0.71	83	58.93	13.5	7.43	34	YES	346
28/	1.07	83	88.81	13.6	7.51	36	YES	345
29/	1.14	83	94.62	16.4	7.56	31	YES	358
30/	1.06	83	87.98	13.3	7.58	38	YES	356
31/	1.23	83	102.09	12.7	7.49	39	YES	342

# 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: Dec-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	0.242											
2	242,481	0.269		8:05	1.67	8:25	0.50	8:34	0.73	8:52	0.76		
3	511,141	0.277		8:42	0.62	9:50	0.80	9:57	0.72	10:41	0.64		
4	788,087	0.200		9:18	0.62	9:25	0.89	9:30	0.77	9:49	0.77		
5	988,281	0.265		9:35	0.58	9:51	0.57	9:38	0.43	10:28	0.58		
6	1,253,015	0.305		8:26	0.41	8:38	0.67	8:45	0.92	9:05	0.43		
7	1,558,474	0.242											
8	1,800,788	0.281											
9	2,081,328	0.308		10:09	0.77	10:21	0.53	10:26	0.72	10:53	0.52		
10	2,389,786	0.177		9:44	0.67	9:50	0.86	9:58	0.87	10:26	0.61		
11	2,566,977	0.282		10:10	0.61	10:25	0.39	10:30	0.91	10:53	0.64		
12	2,849,274	0.299		9:20	0.71	9:46	0.80	9:52	0.64	10:16	0.53		
13	3,148,693	0.205		9:08	0.60	9:22	0.80	9:28	0.80	10:04	0.64		
14	3,354,046	0.257											
15	3,611,470	0.324											
16	3,935,176	0.183		9:49	0.72	10:01	0.89	10:09	0.80	10:33	0.74		
17	4,118,524	0.260		10:01	0.74	10:10	0.38	10:18	0.56	10:52	0.80		
18	4,378,367	0.312		8:35	0.78	8:47	0.41	8:54	0.35	9:15	1.21		
19	4,690,226	0.230		8:45	1.09	9:12	0.71	9:20	0.69	9:40	0.49		
20	4,920,091	0.244		8:50	0.37	9:15	0.42	9:23	0.68	9:41	0.66		
21	5,164,363	0.272											
22	5,436,847	0.275											
23	5,711,722	0.248		10:02	0.47	10:11	0.71	10:18	0.49	10:45	0.37		
24	5,959,689	0.170											
25	6,129,408	0.326											
26	6,455,243	0.260		9:10	0.26	9:44	0.37	9:51	0.61	10:11	0.49		
27	6,715,626	0.315		9:00	0.26	9:26	0.60	9:33	0.40	9:39	0.49		
28	7,030,238	0.200											
29	7,230,592	0.320											
30	7,550,533	0.300		9:38	0.43	9:47	0.66	9:52	0.57	10:22	0.33		
31	7,850,386	0.159											

Water Supervisor Signature: Karl Frink Date: 12/4/2024

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