

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jan-21

System Name: City of Drain

ID#: 41 00260

WTP : TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	OFF	0.04	0.05	0.05	OFF	0.17
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	0.11	0.04	0.10	OFF	0.17
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	0.04	0.12	0.06	OFF	0.12
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	0.04	0.04	0.11	OFF	0.16
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	0.09	0.04	0.04	0.04	0.15
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	0.05	0.16	0.04	0.04	0.16
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	0.04	0.04	0.15	0.09	0.16
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	0.04	0.04	0.05	0.16	0.16
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	0.04	0.06	0.05	OFF	0.15
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	0.10	0.04	0.04	0.04	0.18
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	0.08	0.05	0.04	0.04	0.17
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	0.05	0.15	0.10	0.04	0.17
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	0.04	0.06	0.06	0.05	0.16
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	0.10	0.04	0.08	0.04	0.16
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	0.04	0.10	0.06	0.14	0.17
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	0.04	0.04	0.08	0.13	0.17

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 0.3 NTU? Yes / No
 All daily turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE² triggers Yes / No

CT's met everyday? (see back) Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Harold Burris
 SIGNATURE: *Harold Burris*
 PHONE #: (541) 836-7301
 DATE: 2-9-21
 CERT #: 5248 FE

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: City of Drain

ID#: 41 00260

Month/Year: Jan-21

Disinfection *Giardia*
Log Inactiv:

1.0

Rate / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.9	145	274.1	8.7	8.58	82.3	YES	400
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	1.9	145	272.3	9.1	8.57	79.6	YES	400
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	1.9	145	271.4	9.1	8.55	79.0	YES	400
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	1.9	145	270.1	9.1	8.55	78.9	YES	400
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	1.7	145	252.6	9.2	8.56	77.5	YES	400
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	1.7	145	248.5	9.2	8.59	78.1	YES	400
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	1.7	145	244.5	10.0	8.45	70.0	YES	400
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	1.7	145	248.4	10.1	8.50	71.1	YES	400
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	1.7	145	247.5	10.3	8.55	71.3	YES	400
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	1.7	145	245.9	9.9	8.55	73.2	YES	400
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	1.6	145	237.7	9.5	8.39	70.5	YES	400
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	1.6	145	236.2	9.3	8.32	69.6	YES	400
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	1.6	145	238.2	8.9	8.34	72.2	YES	400
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	1.6	145	238.5	8.3	8.37	76.1	YES	400
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	1.7	145	244.8	8.5	8.40	76.2	YES	400
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	1.7	145	247.8	8.8	8.43	75.7	YES	400

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012