

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Mar-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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	0.05	0.04	0.19
3	0.04	0.05	0.11	OFF	OFF	OFF	0.16
4	OFF	OFF	0.04	0.04	0.05	0.23	0.24
5	OFF	OFF	OFF	0.05	OFF	OFF	0.06
6	OFF	OFF	0.05	0.04	0.04	0.05	0.16
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	0.05	0.05	0.04	0.13
9	0.04	0.17	0.05	OFF	0.05	0.09	0.17
10	0.10	0.10	0.06	0.05	OFF	OFF	0.15
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	0.05	0.16	0.18
13	OFF	OFF	OFF	OFF	OFF	0.05	0.16
14	0.05	0.05	0.05	0.09	0.05	OFF	0.12
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	0.05	0.08	0.04	0.05	0.20
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	OFF	0.10	0.04	0.27
19	0.04	0.04	OFF	OFF	0.04	OFF	0.11
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	OFF	OFF	OFF	0.05	0.08
22	0.04	0.04	0.06	0.04	0.04	0.04	0.10
23	0.01	OFF	OFF	OFF	OFF	OFF	0.10
24	OFF	OFF	0.04	0.04	0.04	0.04	0.09
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	0.05	0.04	0.04	0.09
27	0.04	0.04	OFF	OFF	OFF	OFF	0.09
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	0.06	0.04	0.04	0.11
30	0.04	OFF	OFF	OFF	0.04	0.03	0.08
31	0.03	0.04	0.03	OFF	OFF	OFF	0.10

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 < IFE<sup>2</sup> triggers  Yes / No

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

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes / No

Notes:

PRINTED NAME: Harold Burris

SIGNATURE: *Harold Burris*

DATE: 4-9-21

PHONE #: ( 541 ) 836-7301

CERT #: 5248 FE

<sup>1</sup>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. <sup>2</sup> IFE = Individ. Filter Eff. (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: Mar-21

Disinfection *Giardia*  
Log Inactiv:

1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	1.8	145	260.0	10.8	7.58	49.1	YES	400
3	1.8	145	257.2	10.8	7.58	49.0	YES	400
4	1.8	145	254.0	11.3	7.54	46.6	YES	400
5	1.3	145	183.4	12.0	7.47	41.1	YES	400
6	1.7	145	250.7	11.1	7.53	46.9	YES	400
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	1.2	145	173.9	11.1	7.50	43.7	YES	400
9	1.4	145	206.5	11.0	7.57	46.3	YES	400
10	1.7	145	247.7	10.8	7.62	49.3	YES	400
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	1.4	145	207.9	11.1	7.68	47.8	YES	400
13	1.5	145	210.4	11.2	7.71	48.1	YES	400
14	1.5	145	221.4	10.9	7.74	50.1	YES	400
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	1.5	145	220.7	10.8	7.68	49.3	YES	400
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	1.4	145	209.7	11.5	7.73	47.5	YES	400
19	1.5	145	221.0	11.4	7.77	47.6	YES	400
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	1.6	145	227.4	11.9	7.78	47.7	YES	400
22	1.6	145	231.6	11.5	7.82	49.9	YES	400
23	1.5	145	213.2	11.6	7.85	49.4	YES	400
24	1.6	145	224.9	11.5	7.80	49.3	YES	400
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	1.5	145	223.2	11.7	7.77	48.0	YES	400
27	1.5	145	223.3	11.9	7.85	48.8	YES	400
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	1.5	145	218.5	12.8	7.79	44.7	YES	400
30	1.5	145	220.1	12.6	7.96	48.3	YES	400
31	1.5	145	220.7	12.4	7.80	46.3	YES	400

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012