

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Apr-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	0.03	0.03	0.03	0.03	0.11
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	0.03	0.03	0.03	0.03	OFF	OFF	0.09
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	0.04	0.03	0.03	0.04	OFF	OFF	0.09
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	0.06	0.03	0.03	0.08	0.09
8	0.03	OFF	OFF	OFF	OFF	OFF	0.03
9	0.04	OFF	0.03	0.03	0.06	OFF	0.09
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	0.03	OFF	0.03	0.03	0.03	OFF	0.10
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	0.03	0.03	0.03	0.03	0.09
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	0.03	OFF	OFF	0.03	0.03	0.03	0.08
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	0.03	0.03	0.03	0.03	0.08
18	0.03	OFF	OFF	OFF	OFF	OFF	0.03
19	OFF	OFF	0.03	0.03	0.03	0.03	0.07
20	0.03	OFF	OFF	OFF	OFF	OFF	0.03
21	OFF	OFF	0.04	0.03	0.03	0.03	0.08
22	0.03	OFF	OFF	OFF	OFF	OFF	0.03
23	OFF	OFF	0.04	0.03	0.03	0.03	0.08
24	0.03	OFF	OFF	OFF	OFF	OFF	0.04
25	OFF	OFF	0.03	0.03	0.03	0.03	0.08
26	0.03	OFF	OFF	OFF	OFF	0.04	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.08
28	0.03	0.03	OFF	OFF	OFF	OFF	0.08
29	OFF	OFF	OFF	0.04	0.03	OFF	0.05
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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: 5-10-21

PHONE #: ( 541 ) 836-7301

CERT #: 5248 FE

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:

Apr-21

Disinfection *Giardia*  
Log Inactiv:

1.0

Gate / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.5	145	222.0	12.9	7.82	45.0	YES	400
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	1.5	145	215.2	13.5	7.78	42.4	YES	400
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	1.5	145	211.7	13.6	7.74	41.4	YES	400
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	1.5	145	212.6	13.6	7.75	41.6	YES	400
8	1.5	145	213.9	13.5	7.80	42.7	YES	400
9	1.5	145	211.1	13.4	7.71	41.5	YES	400
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	1.5	145	211.6	13.4	7.72	41.7	YES	400
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	1.5	145	212.4	13.8	7.74	40.9	YES	400
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	1.5	145	212.4	14.0	7.75	40.5	YES	400
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	1.5	145	210.4	15.2	7.76	37.5	YES	400
18	1.5	145	211.4	15.7	7.80	36.8	YES	400
19	1.4	145	208.1	16.6	7.75	34.0	YES	400
20	1.4	145	206.6	16.9	7.78	33.6	YES	400
21	1.4	145	206.9	16.8	7.74	33.4	YES	400
22	1.4	145	208.2	17.6	7.78	32.1	YES	400
23	1.4	145	207.6	16.8	7.76	33.6	YES	400
24	1.4	145	209.1	17.1	7.82	33.7	YES	400
25	1.4	145	209.5	16.1	7.81	35.9	YES	400
26	1.4	145	207.8	16.0	7.84	36.5	YES	400
27	1.5	145	215.3	15.7	7.86	37.8	YES	400
28	1.5	145	216.6	16.1	7.89	37.2	YES	400
29	1.4	145	208.2	16.9	7.80	33.9	YES	400
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF

<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