

OHA - Drinking Water Program -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Sep-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	0.07	0.07	0.07	OFF	OFF	OFF	0.12
2	OFF	OFF	OFF	OFF	OFF	0.07	0.09
3	0.07	0.07	0.07	OFF	OFF	OFF	0.15
4	OFF	OFF	OFF	OFF	OFF	0.07	0.09
5	0.07	0.07	OFF	OFF	OFF	OFF	0.07
6	OFF	OFF	OFF	OFF	OFF	0.07	0.12
7	0.07	0.07	0.07	OFF	OFF	OFF	0.08
8	OFF	OFF	OFF	OFF	OFF	0.13	0.13
9	0.08	0.08	0.07	OFF	OFF	OFF	0.08
10	OFF	OFF	OFF	OFF	OFF	0.07	0.13
11	0.09	0.07	0.07	OFF	OFF	OFF	0.09
12	OFF	OFF	OFF	OFF	OFF	0.07	0.09
13	0.09	0.07	0.07	OFF	OFF	OFF	0.12
14	OFF	OFF	OFF	OFF	OFF	0.07	0.09
15	0.07	0.07	0.07	OFF	OFF	OFF	0.11
16	OFF	OFF	OFF	OFF	OFF	0.07	0.08
17	0.07	0.07	0.07	OFF	OFF	OFF	0.12
18	OFF	OFF	OFF	OFF	OFF	0.08	0.09
19	0.07	0.07	0.07	OFF	OFF	OFF	0.08
20	OFF	OFF	OFF	OFF	OFF	0.08	0.12
21	0.08	0.07	0.07	OFF	OFF	OFF	0.09
22	OFF	OFF	OFF	OFF	OFF	0.08	0.08
23	0.06	0.06	0.06	OFF	OFF	OFF	0.11
24	OFF	OFF	OFF	OFF	OFF	0.06	0.08
25	0.06	0.06	0.06	0.06	OFF	OFF	0.11
26	OFF	OFF	OFF	OFF	OFF	0.07	0.08
27	0.06	0.06	0.06	OFF	OFF	OFF	0.10
28	OFF	OFF	OFF	OFF	OFF	0.08	0.08
29	0.06	0.06	0.06	OFF	OFF	OFF	0.06
30	OFF	OFF	OFF	OFF	OFF	0.07	0.08

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* DATE: 10-8-21
 PHONE #: (541) 836-7301 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 Eff. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Drain ID#: 41 00260 Month/Year: Sep-21 WTP -: A
 Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.6	115	187.5	21.5	7.83	25.8	YES	500
2	1.6	115	184.5	21.6	7.65	23.9	YES	500
3	1.6	115	180.4	21.1	7.62	24.3	YES	500
4	1.6	115	181.7	21.3	7.58	23.7	YES	500
5	1.6	115	185.6	21.1	7.58	24.1	YES	500
6	1.5	115	171.6	21.7	7.49	22.1	YES	500
7	1.6	115	184.2	21.4	7.50	22.9	YES	500
8	1.5	115	174.0	21.7	7.49	22.1	YES	500
9	1.6	115	184.8	21.6	7.53	22.8	YES	500
10	1.5	115	175.3	21.5	7.45	22.1	YES	500
11	1.6	115	183.1	21.1	7.48	23.1	YES	500
12	1.6	115	180.1	21.3	7.41	22.2	YES	500
13	1.6	115	186.5	20.9	7.39	22.8	YES	500
14	1.6	115	180.9	20.8	7.40	22.9	YES	500
15	1.6	115	187.6	20.7	7.41	23.3	YES	500
16	1.5	115	178.0	20.5	7.37	23.0	YES	500
17	1.6	115	189.4	19.8	7.39	24.6	YES	500
18	1.5	115	174.2	20.0	7.42	24.2	YES	500
19	1.7	115	190.2	19.7	7.42	25.0	YES	500
20	1.6	115	178.8	19.7	7.34	24.0	YES	500
21	1.7	115	189.9	19.3	7.32	24.8	YES	500
22	1.5	115	172.8	19.6	7.31	23.8	YES	500
23	1.7	115	190.4	19.4	7.35	24.9	YES	500
24	1.7	115	190.6	19.4	7.38	25.2	YES	500
25	1.7	115	191.7	19.4	7.38	25.2	YES	500
26	1.4	115	161.0	19.7	7.34	23.6	YES	500
27	1.7	115	191.2	19.7	7.42	25.1	YES	500
28	1.4	115	157.2	19.1	7.31	24.2	YES	500
29	1.7	115	190.2	18.6	7.27	25.5	YES	500
30	1.5	115	172.5	18.5	7.25	25.0	YES	500

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