

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Nov-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	OFF	OFF	OFF	OFF	OFF
2	0.06	0.05	0.05	OFF	OFF	OFF	0.10
3	0.06	OFF	OFF	OFF	OFF	OFF	0.07
4	0.05	0.05	0.05	0.05	OFF	OFF	0.10
5	0.06	OFF	OFF	OFF	OFF	OFF	0.07
6	0.06	0.05	0.05	OFF	OFF	OFF	0.06
7	0.05	OFF	OFF	OFF	OFF	OFF	0.08
8	0.05	0.06	0.05	OFF	OFF	OFF	0.10
9	0.05	OFF	OFF	OFF	OFF	OFF	0.07
10	0.05	0.05	0.07	OFF	OFF	OFF	0.10
11	0.05	OFF	OFF	OFF	OFF	OFF	0.07
12	0.05	0.05	0.05	OFF	OFF	OFF	0.05
13	0.05	OFF	OFF	OFF	OFF	OFF	0.15
14	0.05	0.05	0.05	0.05	OFF	0.07	0.10
15	0.05	OFF	OFF	OFF	OFF	OFF	0.07
16	0.05	0.05	0.05	0.05	OFF	OFF	0.08
17	0.07	OFF	OFF	OFF	OFF	OFF	0.07
18	0.07	0.05	0.06	0.05	OFF	OFF	0.09
19	0.05	OFF	OFF	OFF	OFF	OFF	0.06
20	0.05	0.05	0.05	OFF	OFF	OFF	0.09
21	0.05	OFF	OFF	OFF	OFF	OFF	0.06
22	0.05	0.05	0.04	OFF	OFF	OFF	0.05
23	0.05	OFF	OFF	OFF	OFF	OFF	0.07
24	0.05	0.05	0.05	OFF	OFF	OFF	0.09
25	0.05	OFF	OFF	OFF	OFF	OFF	0.07
26	0.05	0.04	0.04	0.05	OFF	OFF	0.10
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	0.05	OFF	OFF	0.05	0.05	0.06	0.06
29	0.05	OFF	OFF	OFF	OFF	OFF	0.06
30	0.05	0.05	0.05	0.05	OFF	OFF	0.08
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? All daily turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	Yes / No Yes / No 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	DATE: 12-8-21
	SIGNATURE: <i>Harold Burris</i>	CERT #: 5248 FE
	PHONE #: (541) 836-7301	

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: Nov-21 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	1.0	115	115.0	15.1	7.15	28.6	YES	500
2	2.0	115	224.6	15.1	7.16	32.0	YES	500
3	1.8	115	204.5	15.0	7.11	31.0	YES	500
4	2.0	115	225.9	14.8	7.14	32.5	YES	500
5	1.8	115	209.9	15.3	7.11	30.6	YES	500
6	1.9	115	216.5	14.9	7.14	31.9	YES	500
7	1.0	115	117.1	15.0	7.04	27.7	YES	500
8	2.0	115	232.0	13.5	7.03	34.2	YES	500
9	1.9	115	215.2	14.4	7.08	32.3	YES	500
10	1.9	115	223.3	13.1	7.05	35.1	YES	500
11	1.9	115	215.6	14.2	7.11	33.1	YES	500
12	1.9	115	218.2	13.5	7.11	34.7	YES	500
13	1.9	115	215.3	14.4	7.13	32.9	YES	500
14	2.0	115	232.9	13.6	7.15	35.5	YES	500
15	1.9	115	216.0	14.7	7.15	32.5	YES	500
16	2.0	115	230.9	13.7	7.13	35.0	YES	500
17	1.8	115	206.0	14.5	7.02	31.1	YES	500
18	2.7	115	306.5	14.0	7.05	35.9	YES	500
19	2.0	115	228.2	13.7	7.01	33.4	YES	500
20	2.1	115	243.1	12.1	6.96	37.6	YES	500
21	1.9	115	222.6	13.6	7.00	33.3	YES	500
22	2.0	115	224.7	11.8	6.97	37.8	YES	500
23	1.9	115	219.4	13.1	7.01	34.4	YES	500
24	2.1	115	241.6	11.4	7.03	40.2	YES	500
25	1.9	115	221.3	12.9	7.04	35.3	YES	500
26	2.0	115	234.5	10.9	7.03	41.3	YES	500
27		115	0.0			8.4	YES	OFF
28	2.0	115	235.4	13.2	7.11	36.0	YES	500
29	1.9	115	218.5	12.4	7.10	37.8	YES	500
30	2.0	115	228.2	11.5	7.11	40.6	YES	500
31								

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