

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jan-22

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	0.11	0.05	0.05	OFF	OFF	OFF	0.16
2	OFF	OFF	OFF	OFF	OFF	0.10	0.12
3	0.07	0.04	0.06	OFF	OFF	OFF	0.17
4	OFF	OFF	OFF	OFF	OFF	0.12	0.16
5	0.09	0.10	0.05	OFF	OFF	OFF	0.16
6	OFF	OFF	OFF	OFF	OFF	0.13	0.15
7	0.08	0.09	0.07	OFF	OFF	OFF	0.23
8	OFF	OFF	OFF	OFF	OFF	0.10	0.14
9	0.08	0.11	0.20	OFF	OFF	OFF	0.23
10	OFF	OFF	OFF	OFF	OFF	0.09	0.13
11	0.06	0.07	0.25	0.08	OFF	OFF	0.26
12	OFF	OFF	OFF	OFF	OFF	0.11	0.17
13	0.10	0.14	0.16	OFF	OFF	OFF	0.24
14	OFF	OFF	OFF	OFF	OFF	0.13	0.18
15	0.10	0.10	0.12	OFF	OFF	OFF	0.22
16	OFF	OFF	OFF	OFF	OFF	0.17	0.26
17	0.18	0.13	0.15	0.17	OFF	OFF	0.28
18	OFF	OFF	OFF	OFF	OFF	0.07	0.16
19	0.08	0.05	0.05	0.12	OFF	OFF	0.22
20	OFF	OFF	OFF	OFF	OFF	0.09	0.23
21	0.05	0.22	0.05	0.10	OFF	OFF	0.22
22	OFF	OFF	OFF	OFF	OFF	0.06	0.13
23	0.05	0.12	0.05	0.12	OFF	OFF	0.22
24	OFF	OFF	OFF	OFF	OFF	0.10	0.27
25	0.10	0.13	0.17	0.21	OFF	OFF	0.26
26	OFF	OFF	OFF	OFF	OFF	0.05	0.20
27	0.04	0.04	0.04	0.09	OFF	OFF	0.15
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	0.04	0.04	0.04	0.10
30	OFF	OFF	OFF	OFF	OFF	0.04	0.08
31	0.08	0.04	0.04	OFF	OFF	OFF	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*

DATE: 2-10-22

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 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-22

Disinfection *Giardia*
Log Inactiv:

1.0

Date / 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	277.1	6.7	7.28	58.9	YES	400
2	1.7	145	249.4	7.5	7.67	62.8	YES	400
3	1.9	145	270.2	6.8	7.67	67.0	YES	400
4	1.6	145	236.4	8.2	7.69	59.7	YES	400
5	1.9	145	276.8	6.8	7.62	66.1	YES	400
6	1.9	145	271.9	7.9	7.68	62.4	YES	400
7	1.9	145	277.0	7.3	7.67	65.1	YES	400
8	1.9	145	271.6	8.0	7.70	62.5	YES	400
9	1.9	145	277.4	7.1	7.66	65.8	YES	400
10	1.9	145	269.1	8.1	7.75	63.0	YES	400
11	1.9	145	274.5	7.3	7.62	63.8	YES	400
12	1.9	145	274.2	8.2	7.66	60.9	YES	400
13	1.9	145	279.4	7.5	7.35	57.3	YES	400
14	1.7	145	244.0	8.9	7.43	52.2	YES	400
15	1.9	145	280.3	8.0	7.43	57.0	YES	400
16	1.7	145	245.2	8.9	7.46	52.8	YES	400
17	1.9	145	280.1	8.0	7.47	57.9	YES	400
18	1.5	145	220.7	9.0	7.46	51.4	YES	400
19	1.9	145	282.5	8.0	7.48	58.2	YES	400
20	1.6	145	225.5	9.2	7.40	49.8	YES	400
21	1.9	145	282.3	8.3	7.44	56.2	YES	400
22	1.6	145	227.5	9.4	7.45	50.1	YES	400
23	1.9	145	282.3	8.5	7.53	57.3	YES	400
24	1.5	145	224.0	9.3	7.48	50.9	YES	400
25	2.0	145	284.2	8.0	7.47	58.1	YES	400
26	1.6	145	234.6	8.6	7.28	50.1	YES	400
27	1.7	145	253.0	7.4	7.25	54.5	YES	400
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	1.5	145	221.1	7.3	7.27	53.9	YES	400
30	1.5	145	217.8	7.7	7.31	53.0	YES	400
31	1.5	145	210.8	7.1	7.29	54.5	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