

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Mar-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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	OFF	0.06	0.05	0.18
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	0.07	0.10	0.04	OFF	0.12
4	0.05	OFF	OFF	OFF	OFF	OFF	0.05
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	0.13	0.05	0.05	0.08	0.23
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	0.08	0.05	0.09	0.08	0.21
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	0.07	0.17	0.05	0.19
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	0.19	0.05	0.04	OFF	OFF	0.26
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	0.06	0.08	0.06	0.05	OFF	0.19
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	0.07	0.09	0.06	OFF	OFF	0.15
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	0.09	0.12	0.04	0.05	OFF	0.17
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	0.06	0.20	0.04	0.04	OFF	0.27
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	0.04	0.10	0.08	OFF	OFF	0.17
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	0.09	0.05	0.16	0.06	OFF	0.16
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	0.05	0.06	0.10	0.06	OFF	0.20
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	0.05	0.05	0.06	0.09	OFF	0.17
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	0.04	0.04	0.05	0.11
31	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? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: Harold Burris  
 SIGNATURE: *Harold Burris* DATE: 4-7-22  
 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 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: Mar-22	Disinfection <i>Giardia</i> Log Inactiv:	1.0
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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	1.4	145	203.0	9.9	7.49	48.3	Yes	400
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	1.4	145	203.0	9.7	7.52	49.4	Yes	400
4	1.5	145	211.8	9.5	7.47	49.6	Yes	400
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	1.4	145	202.4	10.1	7.52	48.1	Yes	400
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	1.4	145	200.8	10.3	7.45	46.3	Yes	400
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	1.4	145	205.9	10.2	7.56	48.6	Yes	400
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	1.4	145	205.6	10.4	7.44	46.0	Yes	400
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	1.4	145	208.9	10.7	7.44	45.2	Yes	400
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	1.4	145	207.5	11.3	7.43	43.2	Yes	400
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	1.4	145	206.3	11.9	7.47	42.1	Yes	400
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	1.4	145	208.1	11.9	7.48	42.3	Yes	400
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	1.5	145	217.8	12.3	7.54	42.4	Yes	400
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	1.4	145	208.4	13.3	7.55	39.3	Yes	400
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	1.5	145	217.4	13.5	7.58	39.5	Yes	400
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	1.5	145	214.0	14.3	7.55	36.9	Yes	400
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	1.4	145	209.5	14.6	7.50	35.4	Yes	400
31	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