

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **May-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	OFF	OFF	OFF	OFF	0.06	0.03	0.13
2	0.03	OFF	OFF	OFF	OFF	OFF	0.03
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	0.04	0.07
5	0.03	0.03	0.03	0.05	0.03	0.03	0.16
6	0.03	OFF	OFF	OFF	OFF	OFF	0.03
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	0.06	0.08
9	0.03	0.03	0.05	0.03	0.03	0.03	0.09
10	0.03	OFF	OFF	OFF	OFF	OFF	0.03
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	0.04	0.19
13	0.06	0.03	0.03	0.03	0.03	0.03	0.10
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	0.05	0.03	0.03	0.03	0.08
17	0.03	0.04	0.04	0.04	OFF	OFF	0.07
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	0.07	0.07
21	0.04	0.04	0.04	0.04	0.04	0.05	0.09
22	0.04	0.04	0.04	OFF	OFF	OFF	0.09
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	0.05	0.05	0.05	0.05	0.05	0.06	0.09
26	0.06	0.05	0.05	OFF	OFF	OFF	0.12
27	OFF	OFF	OFF	OFF	0.10	0.05	0.10
28	0.05	0.05	0.04	0.05	OFF	OFF	0.10
29	OFF	OFF	OFF	OFF	OFF	0.09	0.09
30	0.04	0.04	0.04	0.04	OFF	OFF	0.08
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 / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		

Notes:	PRINTED NAME: Harold Burris	
	SIGNATURE: <i>Harold Burris</i>	DATE: 6-9-22
	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: May-22

May-22

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	1.3	145	194.4	15.2	7.40	32.4	YES	400
2	1.4	145	195.9	15.5	7.42	32.0	YES	400
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	1.2	145	174.3	15.8	7.35	30.1	YES	400
5	1.4	145	200.0	16.1	7.47	31.5	YES	400
6	1.3	145	194.0	16.3	7.47	30.9	YES	400
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	1.2	145	180.7	15.4	7.34	30.9	YES	400
9	1.4	145	200.7	15.1	7.41	32.9	YES	400
10	1.4	145	197.9	15.3	7.41	32.4	YES	400
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	1.3	145	193.7	15.1	7.42	32.9	YES	400
13	1.4	145	203.3	14.9	7.46	34.0	YES	400
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	1.4	145	196.0	16.8	7.47	29.9	YES	400
17	1.4	145	201.8	16.7	7.52	30.8	YES	400
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	1.3	145	189.7	16.6	7.46	30.1	YES	400
21	1.5	145	211.3	16.7	7.55	31.4	YES	400
22	1.4	145	202.9	17.2	7.55	30.2	YES	400
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	1.4	145	208.8	19.3	7.61	26.9	YES	400
26	1.4	145	209.1	19.0	7.62	27.6	YES	400
27	1.4	145	196.8	19.8	7.50	24.8	YES	400
28	1.4	145	198.9	19.2	7.49	25.7	YES	400
29	1.3	145	186.8	17.9	7.40	26.9	YES	400
30	1.4	145	197.2	17.2	7.47	29.2	YES	400
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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