

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jun-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	0.07	0.04	0.11
2	0.04	0.05	0.06	0.04	OFF	OFF	0.09
3	OFF	OFF	OFF	OFF	OFF	0.08	0.08
4	0.05	0.04	0.04	OFF	OFF	OFF	0.09
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	0.05	0.04	0.04	OFF	0.09
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	0.04	0.04	0.04	OFF	0.09
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	0.04	0.05	0.03	OFF	OFF	0.06
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	0.04	0.05	0.03	OFF	0.08
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	0.04	0.03	0.04	OFF	0.06
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	0.04	0.07	0.04	OFF	0.08
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	0.04	0.03	0.03	OFF	0.07
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	0.03	0.03	0.03	OFF	OFF	OFF	0.07
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	0.04	0.03	0.04	OFF	0.06
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	0.04	0.03	0.04	0.04	0.08
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	0.04	0.04	OFF	OFF	0.06
27	OFF	OFF	OFF	0.04	0.04	0.04	0.04
28	0.04	0.04	0.04	0.04	0.04	0.04	0.08
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	0.05	0.08

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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: Harold Burris

SIGNATURE: *Harold Burris* DATE: 7-8-22

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 Eff. (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: Jun-22	Disinfection <i>Giardia</i> 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	1.3	145	188.8	19.0	7.44	25.4	YES	400
2	1.3	145	195.0	18.9	7.50	26.3	YES	400
3	1.3	145	182.3	19.1	7.29	23.7	YES	400
4	1.3	145	194.6	19.4	7.45	24.9	YES	400
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	1.4	145	199.2	19.5	7.36	24.0	YES	400
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	1.5	145	213.6	19.7	7.37	24.1	YES	400
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	1.4	145	208.7	20.3	7.34	22.8	YES	400
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	1.4	145	206.5	20.3	7.33	22.7	YES	400
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	1.4	145	206.5	19.0	7.27	24.2	YES	400
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	1.4	145	208.5	19.4	7.30	23.8	YES	400
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	1.3	145	191.8	18.9	7.23	23.7	YES	400
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	1.4	145	198.1	18.9	7.24	23.9	YES	400
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	1.3	145	194.2	20.5	7.26	21.6	YES	400
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	1.4	145	196.8	21.6	7.25	20.0	YES	400
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	1.3	145	194.9	22.4	7.24	18.8	YES	400
27	1.4	145	205.6	24.0	7.29	17.4	YES	400
28	1.4	145	209.5	23.4	7.23	17.7	YES	400
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	1.3	145	192.3	23.6	7.19	17.0	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