

OHA - Drinking Water Program -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Douglas**

Month/Year: **Jul-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	0.04	0.04	0.04	0.04	OFF	OFF	0.08
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	0.04	0.04	0.05	0.04	OFF	OFF	0.08
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	0.04	0.04	0.04	0.04	0.08
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	0.04	0.04	0.04	0.04	0.08
8	0.04	0.04	OFF	OFF	OFF	OFF	0.10
9	OFF	OFF	0.03	0.04	0.04	0.04	0.08
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	0.04	0.04	0.07	0.04	0.08
12	OFF	OFF	OFF	OFF	OFF	0.07	0.07
13	0.04	0.04	0.04	0.04	OFF	OFF	0.10
14	OFF	OFF	OFF	OFF	OFF	0.08	0.08
15	0.07	0.05	0.04	0.05	OFF	OFF	0.11
16	OFF	OFF	OFF	OFF	OFF	0.07	0.07
17	0.05	0.04	0.04	0.04	OFF	OFF	0.05
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	0.04	0.04	0.04	0.04	0.12
20	OFF	OFF	OFF	OFF	OFF	0.05	0.06
21	0.04	0.04	0.04	0.05	0.05	0.04	0.09
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	0.09	0.09
24	0.05	0.04	0.09	0.05	OFF	OFF	0.10
25	OFF	OFF	OFF	OFF	OFF	0.08	0.08
26	0.06	0.07	0.04	0.04	OFF	OFF	0.08
27	OFF	OFF	OFF	OFF	OFF	0.04	0.04
28	0.07	0.04	0.04	0.05	OFF	OFF	0.10
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	0.07	0.04	0.04	0.04	OFF	OFF	0.09
31	OFF	OFF	OFF	OFF	OFF	0.07	0.07

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: <i>Harold Burris</i>	DATE: 8-4-22
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: Jul-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	1.4	145	202.0	22.9	7.20	18.0	YES	400
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	1.4	145	198.2	22.2	7.14	18.4	YES	400
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	1.3	145	194.9	22.6	7.11	17.7	YES	400
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	1.5	145	221.1	20.5	7.22	21.7	YES	400
8	1.8	115	206.4	16.2	7.42	32.2	YES	500
9	1.5	115	172.8	22.8	7.14	18.0	YES	500
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	1.4	115	164.0	23.4	7.14	17.1	YES	500
12	1.3	115	144.8	24.2	7.09	15.6	YES	500
13	1.5	115	167.4	23.9	7.15	16.7	YES	500
14	1.5	115	173.5	23.8	7.13	16.7	YES	500
15	1.5	115	171.8	23.5	7.13	17.1	YES	500
16	0.9	115	103.7	23.5	7.12	15.9	YES	500
17	1.5	115	170.2	23.0	7.11	17.5	YES	500
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	1.4	115	159.2	23.0	7.15	17.6	YES	500
20	1.2	115	138.1	23.9	7.13	16.0	YES	500
21	1.2	115	140.6	23.6	7.15	16.5	YES	500
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	1.2	115	136.2	24.0	7.15	16.0	YES	500
24	1.1	115	122.6	23.1	7.18	17.0	YES	500
25	1.0	115	120.3	23.9	7.11	15.6	YES	500
26	1.2	115	142.1	24.1	7.17	16.1	YES	500
27	0.4	115	51.3	24.7	7.30	14.8	YES	500
28	1.1	115	127.7	24.7	7.17	15.3	YES	500
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	1.1	115	124.9	25.3	7.16	14.5	YES	500
31	0.4	115	42.6	25.6	7.16	13.1	YES	500

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.