

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Aug-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	0.06	0.04	0.04	0.05	OFF	OFF	0.09
2	OFF	OFF	OFF	OFF	OFF	0.08	0.08
3	0.07	0.04	0.10	0.04	OFF	OFF	0.11
4	OFF	OFF	OFF	OFF	OFF	0.07	0.07
5	0.06	0.04	0.04	0.04	OFF	OFF	0.09
6	OFF	OFF	OFF	OFF	OFF	0.07	0.07
7	0.05	0.04	0.04	0.05	OFF	OFF	0.09
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	0.04	0.04	0.04	0.04	OFF	OFF	0.08
10	OFF	OFF	OFF	OFF	OFF	0.07	0.07
11	0.07	0.04	0.05	0.05	OFF	OFF	0.10
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	0.04	0.04	0.05	OFF	OFF	OFF	0.07
14	OFF	OFF	OFF	OFF	OFF	0.09	0.09
15	0.07	0.05	0.05	0.08	OFF	OFF	0.10
16	OFF	OFF	OFF	OFF	OFF	0.06	0.06
17	0.05	0.04	0.05	0.04	OFF	OFF	0.08
18	OFF	OFF	OFF	OFF	OFF	0.06	0.06
19	0.06	0.04	0.05	0.04	OFF	OFF	0.11
20	OFF	OFF	OFF	OFF	OFF	0.04	0.04
21	0.06	0.04	0.05	0.12	OFF	OFF	0.16
22	OFF	OFF	OFF	OFF	OFF	0.12	0.12
23	0.08	0.06	0.05	OFF	OFF	OFF	0.15
24	OFF	OFF	OFF	OFF	0.05	OFF	0.05
25	OFF	OFF	OFF	OFF	OFF	0.07	0.06
26	0.04	0.05	0.07	0.07	OFF	OFF	0.08
27	OFF	OFF	OFF	OFF	OFF	0.05	0.05
28	0.05	0.05	0.07	0.08	OFF	OFF	0.09
29	OFF	OFF	OFF	OFF	0.05	OFF	0.05
30	OFF	OFF	OFF	OFF	OFF	0.08	0.08
31	0.07	0.05	0.07	0.10	OFF	OFF	0.13

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	DATE: 9-6-22
SIGNATURE: <i>Harold Burris</i>	CERT #: 5248 FE
PHONE #: (541) 836-7301	

¹cluding 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: Aug-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	1.1	115	131.6	25.1	7.11	14.6	YES	500
2	0.4	115	45.8	25.4	7.08	12.9	YES	500
3	1.2	115	139.3	25.0	7.16	15.1	YES	500
4	1.0	115	116.3	25.0	7.11	14.4	YES	500
5	1.2	115	134.6	24.3	7.19	15.9	YES	500
6	1.0	115	116.3	24.5	7.13	15.1	YES	500
7	1.2	115	134.6	24.2	7.22	16.2	YES	500
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	1.2	115	133.2	24.0	7.20	16.3	YES	500
10	1.0	115	115.0	24.3	7.20	15.7	YES	500
11	1.1	115	129.8	23.6	7.26	17.1	YES	500
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	1.1	115	122.4	22.8	7.27	17.9	YES	500
14	1.0	115	115.0	23.1	7.36	18.1	YES	500
15	1.1	115	125.0	22.9	7.32	18.2	YES	500
16	1.0	115	115.0	23.6	7.37	17.5	YES	500
17	1.3	115	145.7	23.3	7.31	18.0	YES	500
18	1.2	115	138.0	24.0	7.30	17.0	YES	500
19	1.3	115	151.5	23.8	7.26	17.2	YES	500
20	1.2	115	138.0	24.5	7.33	16.6	YES	500
21	1.3	115	146.9	23.7	7.29	17.4	YES	500
22	1.2	115	138.0	24.0	7.28	16.9	YES	500
23	1.3	115	151.3	23.8	7.31	17.5	YES	500
24	1.3	115	144.6	22.9	7.44	19.4	YES	500
25	1.3	115	149.5	23.1	7.36	18.7	YES	500
26	1.2	115	138.0	23.3	7.42	18.6	YES	500
27	1.3	115	149.5	23.1	7.45	19.3	YES	500
28	1.3	115	149.5	23.1	7.39	18.9	YES	500
29	1.3	115	144.6	22.9	7.44	19.4	YES	500
30	1.2	115	138.0	23.5	7.41	18.3	YES	500
31	1.2	115	142.0	23.1	7.38	18.7	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.