

OHA - Drinking Water Program -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **Sep-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	0.05	0.13
2	0.05	0.11	OFF	OFF	OFF	OFF	0.14
3	OFF	OFF	OFF	OFF	OFF	0.08	0.09
4	0.08	0.12	0.05	OFF	OFF	OFF	0.14
5	OFF	OFF	OFF	OFF	OFF	0.07	0.08
6	0.05	0.06	0.07	OFF	OFF	OFF	0.10
7	OFF	OFF	OFF	OFF	OFF	0.09	0.09
8	0.09	0.08	0.05	0.05	OFF	OFF	0.12
9	OFF	OFF	OFF	OFF	OFF	0.08	0.08
10	0.09	0.05	0.07	0.09	OFF	OFF	0.18
11	OFF	OFF	OFF	OFF	OFF	0.07	0.07
12	0.06	0.05	0.05	0.06	OFF	OFF	0.10
13	OFF	OFF	OFF	OFF	OFF	0.08	0.08
14	0.07	0.08	0.10	0.05	OFF	OFF	0.20
15	OFF	OFF	OFF	OFF	OFF	0.05	0.05
16	0.06	0.04	0.05	0.08	OFF	OFF	0.10
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	0.08	0.10	0.05	OFF	OFF	OFF	0.15
19	OFF	OFF	OFF	OFF	OFF	0.07	0.07
20	0.05	0.04	0.05	OFF	OFF	OFF	0.10
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	0.07	0.09	0.04	0.14
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	0.04	OFF	0.16
25	OFF	0.04	0.04	OFF	OFF	OFF	0.12
26	OFF	OFF	0.04	0.04	0.07	OFF	0.11
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	0.06	0.04	0.04	OFF	0.07
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	0.06	0.04	0.04	OFF	0.14

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: *Harold Burris* DATE: **10-13-22**
 PHONE #: **(541) 836-7301** CERT #: **5248 FE**

¹including 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: Sep-22	Disinfection <i>Giardia</i> Log Inactiv:	1.0
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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	1.2	115	138.0	23.2	7.44	18.9	YES	500
2	1.2	115	138.0	23.1	7.45	19.1	YES	500
3	1.2	115	138.0	23.2	7.38	18.5	YES	500
4	1.2	115	138.0	22.8	7.43	19.4	YES	500
5	1.2	115	138.0	23.2	7.40	18.6	YES	500
6	1.2	115	138.0	22.7	7.42	19.4	YES	500
7	1.2	115	138.0	22.8	7.48	19.7	YES	500
8	1.1	115	126.5	22.1	7.42	20.0	YES	500
9	1.2	115	138.0	22.5	7.50	20.3	YES	500
10	1.2	115	138.0	21.6	7.43	21.0	YES	500
11	1.2	115	138.0	22.1	7.48	20.7	YES	500
12	1.1	115	126.5	21.5	7.40	20.7	YES	500
13	1.1	115	126.5	21.9	7.39	20.0	YES	500
14	1.2	115	138.0	21.3	7.36	20.9	YES	500
15	1.1	115	126.5	21.8	7.48	20.9	YES	500
16	1.2	115	138.0	20.8	7.35	21.5	YES	500
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	1.2	115	138.0	20.1	7.33	22.4	YES	500
19	1.2	115	138.0	20.2	7.34	22.3	YES	500
20	1.2	115	138.0	19.9	7.29	22.3	YES	500
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	1.2	115	134.0	19.4	7.23	22.5	YES	500
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	1.2	115	138.0	19.2	7.26	23.2	YES	500
25	1.3	115	152.3	19.0	7.24	23.6	YES	500
26	1.5	115	175.6	18.9	7.25	24.4	YES	500
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	1.6	115	178.4	19.0	7.27	24.5	YES	500
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	1.5	115	173.7	19.0	7.27	24.4	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.

Revised February 2012