

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Nov-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 <sup>1</sup> [NTU]
1	0.04	0.07	0.09	0.11	OFF	OFF	0.14
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	0.05	0.18
5	0.05	0.07	0.14	OFF	OFF	OFF	0.21
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	0.08	0.05	0.28
9	0.05	0.15	0.08	OFF	OFF	OFF	0.26
10	OFF	OFF	OFF	OFF	OFF	0.06	0.06
11	0.05	0.16	OFF	OFF	OFF	OFF	0.21
12	OFF	OFF	OFF	OFF	OFF	0.15	0.15
13	0.05	0.08	0.05	OFF	OFF	OFF	0.19
14	OFF	OFF	OFF	OFF	0.05	0.05	0.26
15	0.11	OFF	OFF	OFF	OFF	OFF	0.16
16	OFF	OFF	OFF	OFF	OFF	0.17	0.17
17	0.10	0.04	0.04	0.04	0.08	0.20	0.17
18	0.14	OFF	0.04	0.06	0.13	OFF	0.17
19	0.04	OFF	OFF	OFF	OFF	OFF	0.06
20	OFF	OFF	OFF	OFF	OFF	0.11	0.11
21	0.06	0.14	0.11	0.04	OFF	OFF	0.17
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	0.04	0.10	0.24	OFF	0.24
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	0.05	0.05	0.12	OFF	0.14
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	0.07	0.11	0.05	OFF	0.15
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	0.13	0.05	0.09	OFF	0.17
30	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? <b>Yes/No</b>	CT's met everyday? (see back) <b>Yes/No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes/No</b>
All daily turbidity readings ≤ 1 NTU? <b>Yes/No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes/No</b>		

Notes:

PRINTED NAME: **Harold Burris**

SIGNATURE: *Harold Burris* DATE: **1-10-23**

PHONE #: **(541) 836-7301** CERT #: **5248 FE**

<sup>1</sup> 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. <sup>2</sup> 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: Nov-22

Disinfection *Giardia*  
Log Inactiv:

1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.5	115	171.2	14.0	7.38	35.4	YES	500
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	1.6	115	181.2	13.2	7.37	37.6	YES	500
5	1.5	115	172.3	12.8	6.34	26.1	YES	500
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	1.4	145	203.0	12.2	7.32	39.1	YES	400
9	1.3	145	188.5	11.5	7.25	39.5	YES	400
10	1.3	145	188.5	11.7	7.30	39.6	YES	400
11	Unknown	145	#VALUE!	10.9	6.26	#VALUE!	UK	400
12	Unknown	145	#VALUE!	11.5	6.31	#VALUE!	UK	400
13	Unknown	145	#VALUE!	10.5	6.26	#VALUE!	UK	400
14	1.2	145	167.8	10.3	7.32	43.1	YES	400
15	1.5	145	213.2	9.8	7.34	46.4	YES	400
16	1.4	145	202.7	10.3	7.40	45.5	YES	400
17	1.5	145	214.3	8.7	7.36	50.4	YES	400
18	1.5	145	213.9	8.3	7.38	52.1	YES	400
19	1.5	145	213.9	8.0	6.37	37.3	YES	400
20	1.3	145	184.6	10.3	6.39	31.7	YES	400
21	1.5	145	212.4	7.2	7.40	56.4	YES	400
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	1.4	145	209.7	7.6	7.44	55.6	YES	400
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	1.4	145	206.8	7.8	6.50	39.3	YES	400
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	1.4	145	203.0	7.8	6.53	39.6	YES	400
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	1.4	145	202.0	7.7	7.42	54.5	YES	400
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012