

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Feb-23**

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	0.05	0.08	0.32	
2	0.05	0.12	0.17	OFF	OFF	OFF	0.19	
3	OFF	OFF	0.05	0.10	0.04	0.04	0.19	
4	0.16	0.04	0.04	OFF	OFF	OFF	0.26	
5	OFF	OFF	OFF	0.09	0.04	0.04	0.24	
6	0.13	OFF	OFF	OFF	OFF	OFF	0.21	
7	OFF	OFF	0.04	0.04	0.09	0.04	0.20	
8	0.04	OFF	OFF	OFF	OFF	OFF	0.12	
9	0.08	0.11	0.15	0.12	0.04	0.19	0.25	
10	0.04	OFF	OFF	OFF	OFF	OFF	0.04	
11	OFF	OFF	0.04	0.12	0.04	0.09	0.19	
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
13	OFF	OFF	0.04	0.04	0.18	0.04	0.23	
14	0.04	OFF	OFF	OFF	OFF	OFF	0.04	
15	OFF	OFF	0.12	0.12	0.04	0.11	0.24	
16	0.07	0.04	OFF	OFF	OFF	OFF	0.21	
17	0.05	0.06	0.06	0.04	0.04	0.13	0.20	
18	0.04	OFF	OFF	OFF	OFF	OFF	0.04	
19	OFF	OFF	0.04	0.06	0.06	OFF	0.20	
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	0.19	0.04	0.04	0.04	0.32	
22	0.07	OFF	OFF	OFF	OFF	OFF	0.19	
23	OFF	OFF	0.04	0.05	0.06	0.04	0.26	
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	0.11	0.04	0.04	0.11	0.25	
26	0.11	OFF	OFF	OFF	OFF	OFF	0.12	
27	0.04	0.06	0.04	0.11	0.05	OFF	0.18	
28	OFF	OFF	OFF	OFF	OFF	OFF	0.12	

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 Cl ₂ 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: Chlorine, pH and temperature reads are from entry point for days 3,4,6,7,8,10,11,14,19,26. Remaining days from before first customer.	PRINTED NAME: Harold Byrnis	
	SIGNATURE: <i>Harold Byrnis</i>	DATE: 3-6-23
	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 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: Feb-23	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	0.9	145	124.7	8.0	8.09	63.9	YES	400
2	1.1	145	156.6	9.0	7.88	56.8	YES	400
3	1.5	145	214.6	5.7	7.96	76.9	YES	400
4	1.5	145	221.9	5.9	8.06	79.2	YES	400
5	0.6	145	92.8	9.0	7.73	51.2	YES	400
6	1.5	145	223.3	6.3	8.13	79.0	YES	400
7	1.6	145	229.1	10.0	7.87	56.1	YES	400
8	1.5	145	219.0	6.6	8.34	83.4	YES	400
9	1.2	145	172.6	9.0	8.09	62.1	YES	400
10	1.6	145	227.7	6.9	8.21	78.4	YES	400
11	1.6	145	229.1	7.3	8.36	80.5	YES	400
12	OFF	145	OFF	OFF	OFF	OFF	OFF	OFF
13	1.5	145	223.3	9.0	7.77	57.6	YES	400
14	1.6	145	224.8	8.0	8.03	67.8	YES	400
15	1.5	145	214.6	8.0	7.73	60.3	YES	400
16	1.1	145	165.3	10.0	7.86	53.1	YES	400
17	1.2	145	171.1	9.0	8.25	65.7	YES	400
18	1.2	145	166.8	9.0	8.34	67.7	YES	400
19	1.6	145	230.6	6.9	8.25	79.5	YES	400
20	OFF	145	OFF	OFF	OFF	OFF	OFF	OFF
21	1.4	145	197.2	9.0	8.54	74.6	YES	400
22	1.2	145	168.2	10.0	8.50	67.1	YES	400
23	1.6	145	226.2	9.0	8.39	72.3	YES	400
24	OFF	145	OFF	OFF	OFF	OFF	OFF	OFF
25	1.0	145	147.9	8.0	8.07	64.7	YES	400
26	1.4	145	195.8	6.6	8.02	72.9	YES	400
27	1.1	145	165.3	9.0	8.17	63.5	YES	400
28	0.9	145	124.7	10.0	7.87	51.6	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.