

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Apr-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	OFF	OFF	OFF
2	0.04	0.04	0.15	OFF	OFF	OFF	0.15
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	0.04	0.04	0.04	0.04	OFF	OFF	0.14
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	0.04	0.10	0.04	OFF	OFF	OFF	0.12
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF	0.07
10	0.12	0.04	0.12	0.07	0.04	0.05	0.15
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	0.07	0.04	0.04	OFF	OFF	0.15
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	0.04	0.04	0.04	0.15
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	0.07	0.04	0.04	OFF	OFF	0.15
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	0.04	0.15	0.04	0.04	OFF	OFF	0.20
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	0.06	0.04	0.04	OFF	OFF	0.24
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	0.04	0.12	0.04	OFF	OFF	0.24
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	0.04	0.04	OFF	OFF	OFF	0.11
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	0.05	0.04	0.05	0.18
27	0.06	OFF	OFF	OFF	OFF	OFF	0.06
28	OFF	0.16	0.05	0.07	OFF	OFF	0.18
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	0.04	0.05	0.06	OFF	OFF	OFF	0.16

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All daily turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: **Harold Burris**

SIGNATURE: *Harold Burris* DATE: **5-9-23**

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: Apr-23

Apr-23

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	0.67	145	97.2	12.0	7.70	41.6	YES	400
2	1.01	145	146.5	11.0	7.85	48.7	YES	400
3	0.93	145	134.9	11.0	7.90	49.2	YES	400
4	1.02	145	147.9	11.0	7.94	50.4	YES	400
5	0.97	145	140.7	11.0	7.90	49.4	OFF	0
6	1.07	145	155.2	12.0	7.93	47.2	YES	400
7	0.76	145	110.2	12.0	7.77	43.1	OFF	0
8	0.86	145	124.7	12.0	7.87	45.2	OFF	0
9	0.75	145	108.8	12.0	7.90	45.1	YES	400
10	1.10	145	159.5	12.0	7.81	45.4	YES	400
11	0.75	145	108.8	13.0	7.87	41.7	OFF	0
12	1.20	145	174.0	12.0	7.83	46.3	YES	400
13	1.20	145	174.0	12.0	7.65	43.4	OFF	0
14	0.91	145	132.0	13.0	7.75	40.7	YES	400
15	0.98	145	142.1	12.0	7.85	45.5	OFF	0
16	1.16	145	168.2	12.0	7.94	47.9	YES	400
17	0.95	145	137.8	12.0	7.97	47.3	OFF	0
18	1.14	145	165.3	12.0	7.93	47.6	YES	400
19	1.06	145	153.7	12.0	7.94	47.4	OFF	0
20	1.11	145	161.0	12.0	7.87	46.5	YES	400
21	0.89	145	129.1	12.0	7.89	45.6	OFF	0
22	0.97	145	140.7	12.0	7.92	46.5	YES	400
23	0.84	145	121.8	13.0	7.91	42.8	OFF	0
24	1.21	145	175.5	13.0	8.01	46.3	YES	400
25	0.95	145	137.8	14.0	7.92	40.7	YES	400
26	0.79	145	114.6	13.0	7.96	43.3	YES	400
27	0.92	145	133.4	15.0	8.02	39.4	YES	400
28	0.83	145	120.4	16.0	7.98	35.9	YES	400
29	0.89	145	129.1	15.0	8.14	41.0	YES	400
30	0.91	145	132.0	16.0	8.18	39.0	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.

Revised February 2012