

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jul-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	0.04	0.04	0.05	0.04	0.04	OFF	0.07
2	OFF	OFF	OFF	OFF	OFF	OFF	0.11
3	0.06	0.04	0.04	0.04	0.04	OFF	0.07
4	OFF	OFF	OFF	OFF	OFF	OFF	0.08
5	0.04	0.05	0.04	0.04	0.04	OFF	0.10
6	OFF	OFF	OFF	OFF	OFF	0.06	0.07
7	OFF	OFF	0.06	0.04	0.05	0.05	0.10
8	0.05	OFF	OFF	OFF	OFF	0.04	0.07
9	0.04	0.04	0.05	0.05	OFF	OFF	0.09
10	OFF	OFF	OFF	OFF	OFF	0.04	0.07
11	0.04	0.04	0.04	0.05	OFF	OFF	0.05
12	OFF	OFF	OFF	OFF	OFF	0.04	0.11
13	0.04	0.04	0.04	0.04	0.04	OFF	0.997
14	OFF	OFF	OFF	OFF	OFF	0.07	0.07
15	0.04	0.04	0.06	0.04	0.04	OFF	0.07
16	OFF	OFF	OFF	OFF	OFF	0.04	0.06
17	0.04	0.04	0.04	0.04	0.04	OFF	0.10
18	OFF	OFF	OFF	OFF	OFF	0.04	0.06
19	0.04	0.04	0.04	0.04	0.04	OFF	0.09
20	OFF	OFF	OFF	OFF	OFF	0.04	0.05
21	0.04	0.04	0.04	0.04	0.04	OFF	0.10
22	OFF	OFF	OFF	OFF	OFF	0.06	0.07
23	0.05	0.04	0.04	0.04	OFF	OFF	0.05
24	OFF	OFF	OFF	OFF	OFF	0.04	0.07
25	0.06	0.04	0.04	OFF	OFF	OFF	0.06
26	OFF	OFF	OFF	OFF	0.04	0.05	0.06
27	OFF	OFF	OFF	0.04	0.08	0.05	0.08
28	0.04	OFF	OFF	OFF	OFF	0.04	0.07
29	0.04	0.04	0.04	0.04	OFF	OFF	0.08
30	OFF	OFF	OFF	OFF	OFF	0.05	0.06
31	0.04	0.04	0.04	0.04	OFF	OFF	0.04

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:	PRINTED NAME: Harold Burris	
	SIGNATURE: <i>Harold Burris</i>	DATE: 8-2-23
	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: Jul-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	1.0	145	150.8	23.0	7.93	22.6	YES	400
2	0.9	145	127.6	22.0	7.90	23.5	YES	400
3	1.2	145	166.8	23.0	7.83	22.1	YES	400
4	0.8	145	108.8	23.0	7.83	21.1	YES	400
5	1.1	145	163.9	24.0	7.88	21.0	YES	400
6	0.8	145	116.0	23.0	7.89	21.7	YES	400
7	1.0	145	137.8	23.0	7.77	21.1	YES	400
8	0.9	115	104.7	23.0	7.89	22.0	YES	400
9	1.2	115	132.3	22.0	8.03	25.4	YES	400
10	0.9	115	98.9	23.0	7.77	20.9	YES	400
11	1.2	115	133.4	22.0	7.83	23.6	YES	400
12	0.8	115	90.9	23.0	7.75	20.5	YES	400
13	1.2	115	135.7	24.0	7.77	20.2	YES	400
14	1.0	115	109.3	23.0	7.56	19.5	YES	400
15	1.2	115	135.7	24.0	7.72	19.9	YES	400
16	0.9	115	98.9	24.0	7.83	19.9	YES	400
17	1.1	115	126.5	22.0	7.71	22.4	YES	400
18	0.9	115	101.2	23.0	7.75	20.8	YES	400
19	1.2	115	139.2	24.0	7.83	20.8	YES	400
20	0.7	115	77.1	24.0	7.98	20.6	YES	400
21	1.1	115	123.1	24.0	7.63	19.0	YES	400
22	0.8	115	93.2	24.0	7.63	18.4	YES	400
23	1.0	115	117.3	24.0	7.64	18.9	YES	400
24	0.7	115	75.9	24.0	7.66	18.3	YES	400
25	0.9	115	108.1	24.0	7.66	18.9	YES	400
26	0.8	115	86.3	24.0	7.67	18.5	YES	400
27	1.0	115	117.3	24.0	7.77	19.9	YES	400
28	0.8	115	96.6	24.0	7.70	19.0	YES	400
29	0.9	115	97.8	23.0	7.79	21.0	YES	400
30	0.7	115	81.7	23.0	7.77	20.5	YES	400
31	1.0	115	116.2	23.0	7.85	21.9	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