

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Aug-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 <sup>1</sup> [NTU]
1	off	off	off	off	off	off	0.06
2	0.08	0.04	0.04	0.04	0.04	off	0.09
3	off	off	off	off	off	off	0.08
4	off	0.04	0.04	0.04	0.04	0.04	0.07
5	off	off	off	off	off	off	0.05
6	0.04	0.04	0.04	0.04	0.04	off	0.08
7	off	off	off	off	off	off	0.06
8	0.04	0.04	0.07	0.04	0.04	off	0.07
9	off	off	off	off	off	off	0.05
10	0.04	0.04	0.04	0.07	0.04	off	0.10
11	off	off	off	off	off	off	0.08
12	0.05	0.04	0.05	0.04	0.04	off	0.09
13	off	off	off	off	off	off	0.08
14	0.04	0.04	0.04	0.04	0.05	off	0.09
15	off	off	off	off	off	off	0.05
16	0.03	0.04	0.04	0.05	0.04	off	0.07
17	off	off	off	off	off	off	0.06
18	0.04	0.04	0.04	0.04	0.04	off	0.06
19	off	off	off	off	off	off	0.09
20	0.04	0.06	0.04	0.04	0.04	off	0.06
21	off	off	off	off	off	off	0.06
22	0.06	0.04	0.04	0.04	0.04	off	0.08
23	off	off	off	off	off	off	0.07
24	0.04	0.04	0.04	0.04	0.04	off	0.07
25	off	off	off	off	off	0.04	0.07
26	0.04	0.04	0.04	0.04	off	off	0.08
27	off	off	off	off	off	0.05	0.06
28	0.04	0.04	0.04	0.04	off	off	0.04
29	off	off	off	off	off	0.04	0.06
30	0.04	0.04	0.04	0.04	off	off	0.08
31	off	off	off	off	off	0.04	0.06

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: <b>Harold Burris</b>	
	SIGNATURE: <i>Harold Burris</i>	DATE: <b>9-5-23</b>
	PHONE #: <b>( 541) 836-7301</b>	CERT #: <b>5248 FE</b>

<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 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: Aug-23	Disinfection <i>Giardia</i> Log Inactiv:	1.0
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.79	115	90.9	23.0	7.92	21.9	YES	400
2	0.99	115	113.9	23.0	7.91	22.3	YES	400
3	0.35	115	40.3	23.0	7.78	19.7	YES	400
4	1.22	115	140.3	23.0	7.73	21.4	YES	400
5	1.10	115	126.5	24.0	7.85	20.7	YES	400
6	1.13	115	130.0	24.0	7.76	20.0	YES	400
7	1.06	115	121.9	23.0	7.84	21.9	YES	400
8	1.32	115	151.8	24.0	7.76	20.5	YES	400
9	0.80	115	92.0	25.0	7.86	18.7	YES	400
10	1.12	115	128.8	24.0	7.82	20.5	YES	400
11	0.84	115	96.6	24.0	7.79	19.6	YES	400
12	0.97	115	111.6	24.0	7.91	20.8	YES	400
13	0.84	115	96.6	25.0	7.93	19.3	YES	400
14	1.34	115	154.1	23.0	8.00	24.0	YES	400
15	0.76	115	87.4	24.0	7.92	20.4	YES	400
16	1.30	115	149.5	26.0	7.93	19.0	YES	400
17	0.75	115	86.3	25.0	7.93	19.1	YES	400
18	1.16	115	133.4	24.0	7.74	20.0	YES	400
19	1.08	115	124.2	23.0	7.83	21.9	YES	400
20	1.31	115	150.7	23.0	7.89	23.0	YES	400
21	0.93	115	107.0	22.0	7.85	23.2	YES	400
22	1.41	115	162.2	22.0	8.04	26.3	YES	450
23	0.68	115	78.2	22.0	7.91	23.0	YES	450
24	1.12	115	128.8	22.0	7.78	23.1	YES	450
25	0.63	115	72.5	23.0	7.82	20.7	YES	450
26	1.10	115	126.5	22.0	7.86	23.7	YES	450
27	0.77	115	88.6	22.0	8.30	26.9	YES	450
28	1.08	115	124.2	22.0	7.88	23.9	YES	450
29	0.82	115	94.3	23.0	7.90	21.8	YES	450
30	1.12	115	128.8	22.0	7.84	23.6	YES	450
31	0.81	115	93.2	21.0	7.84	24.4	YES	450

<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.