

OHA - Drinking Water Program -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **Oct-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	0.03	0.03	0.03	0.03	off	off	0.08
2	0.03	off	0.03	off	off	off	0.04
3	0.03	off	off	off	0.04	off	0.07
4	off	off	off	off	off	0.04	0.05
5	0.04	0.04	off	off	off	off	0.04
6	off	off	off	off	off	0.04	0.06
7	0.04	0.04	0.04	off	off	off	0.07
8	off	off	off	off	off	off	0.05
9	0.04	0.04	off	off	off	off	0.05
10	off	off	off	off	off	off	0.05
11	0.04	0.04	off	off	off	off	0.04
12	off	off	off	off	off	off	0.06
13	0.04	0.04	0.04	off	off	off	0.14
14	off	off	off	off	off	off	0.04
15	0.04	0.04	off	off	off	off	0.04
16	off	off	off	off	off	off	0.05
17	0.04	0.04	0.05	off	off	off	0.07
18	off	off	off	off	off	off	off
19	0.05	0.04	0.04	off	off	off	0.05
20	off	off	off	off	off	off	off
21	off	off	0.04	0.04	0.04	off	0.06
22	off	off	off	off	off	off	off
23	off	off	0.04	0.04	0.05	off	0.08
24	off	off	off	off	off	off	off
25	off	off	off	off	0.04	0.04	0.09
26	0.04	off	off	off	off	off	0.04
27	off	off	off	off	off	off	off
28	off	off	0.04	0.04	0.04	0.04	0.08
29	0.04	off	off	off	off	off	0.04
30	off	off	off	off	off	off	off
31	off	off	off	off	0.04	0.04	0.08

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

Notes:	PRINTED NAME: Harold Burris	
	SIGNATURE: <i>Harold Burris</i>	DATE: 11-6-23
	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 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: Oct-23	Disinfection <i>Giardia</i> Log Inactiv: 1.0
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.2	130	158.6	18.0	8.11	34.5	Yes	450
2	1.1	130	143.0	18.0	8.16	34.7	Yes	450
3	1.4	130	178.1	18.0	8.01	33.8	Yes	450
4	1.5	130	196.3	18.9	7.31	25.0	Yes	500
5	1.1	130	141.7	18.0	7.94	31.9	Yes	450
6	0.4	130	55.9	19.0	7.82	26.5	yes	450
7	1.2	130	149.5	19.0	7.96	30.3	Yes	450
8	0.9	130	120.9	18.0	7.88	30.7	Yes	450
9	1.0	130	128.7	18.0	7.83	30.3	Yes	450
10	0.8	130	109.2	18.0	7.92	30.8	Yes	450
11	0.8	130	106.6	18.0	7.96	31.2	Yes	450
12	0.9	130	111.8	18.0	7.90	30.6	Yes	450
13	1.2	130	156.0	18.0	7.81	30.8	Yes	450
14	1.1	130	139.1	18.0	7.92	31.6	Yes	450
15	1.2	130	149.5	16.0	8.00	37.5	Yes	450
16	0.9	130	114.4	18.0	7.88	30.5	Yes	450
17	1.3	130	162.5	17.0	7.90	34.2	Yes	450
18	1.0	130	124.8	18.0	8.01	32.3	Yes	450
19	1.1	130	139.1	18.0	7.91	31.5	Yes	450
20	1.0	130	124.8	18.0	7.73	29.1	Yes	450
21	1.2	130	152.1	17.0	7.90	33.9	Yes	450
22	1.0	130	123.5	17.0	7.79	31.8	Yes	450
23	1.3	130	169.0	17.0	7.91	34.6	Yes	450
24	off	off		off	off		off	off
25	0.8	130	105.3	17.0	7.88	32.3	Yes	450
26	1.0	130	135.2	16.0	7.83	34.8	Yes	450
27	0.7	130	93.6	17.0	7.61	28.9	Yes	450
28	1.2	130	157.3	15.0	7.83	37.9	Yes	450
29	off	off		off	off		off	off
30	off	off		off	off		off	off
31	0.7	130	94.9	16.0	7.98	35.5	Yes	450

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