

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

County: **Douglas**
 Month/Year: **Dec-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	0.04	0.07	0.16	0.04	0.19
2	0.07	0.06	OFF	OFF	OFF	OFF	0.11
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	0.07	0.04	0.04	0.18
5	0.06	0.10	OFF	OFF	OFF	OFF	0.18
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	0.15
8	0.07	0.17	OFF	0.21	0.04	OFF	0.26
9	0.04	0.09	0.04	OFF	OFF	OFF	0.13
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	0.04	0.05	0.07	0.05	0.10	0.20
12	0.07	OFF	OFF	OFF	OFF	OFF	0.08
13	OFF	OFF	OFF	OFF	0.08	0.17	0.19
14	0.06	0.06	OFF	OFF	OFF	OFF	0.07
15	OFF	OFF	OFF	0.09	0.04	0.05	0.19
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	0.14	0.04	0.04	0.06	0.04	0.18
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	0.04	0.05	0.04	OFF	OFF	0.12
22	OFF	OFF	OFF	0.04	0.09	0.04	0.15
23	0.04	OFF	OFF	OFF	OFF	OFF	0.06
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	0.05	0.04	0.04	0.14
26	0.05	0.04	0.04	OFF	OFF	OFF	0.14
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	0.05	0.04	0.04	0.17
29	0.05	0.06	OFF	OFF	OFF	OFF	0.17
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	OFF	OFF	0.05	0.06

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 Cl2 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		

Cl2, pH and temps for 12-4 and 12-23 were taken from online analyzer.

PRINTED NAME: Harold Burris

SIGNATURE: *Harold Burris* **DATE: 1-8-24**

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: Dec-23	Disinfection <i>Giardia</i> 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	1.1	130	145.6	11.0	8.14	54.7	YES	450
2	1.0	130	124.8	13.0	8.07	46.0	YES	450
3	OFF	130	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
4	1.0	130	128.7	13.0	8.07	46.1	YES	450
5	0.8	130	107.5	10.9	8.06	51.8	YES	450
6	OFF	130	#VALUE!	OFF	OFF	#VALUE!	YES	OFF
7	0.7	130	91.0	14.0	7.85	38.5	YES	450
8	0.7	145	95.7	13.0	7.88	41.5	YES	400
9	1.3	145	187.1	12.0	7.66	44.0	YES	400
10	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
11	1.2	145	174.0	12.0	7.53	41.6	YES	400
12	1.1	145	155.2	13.0	7.70	40.6	YES	400
13	1.2	145	171.1	13.0	7.62	40.0	YES	400
14	1.0	145	145.0	13.0	7.69	40.2	YES	400
15	0.8	145	121.8	12.0	7.91	45.7	YES	400
16	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
17	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
18	0.9	145	127.6	10.0	7.75	49.5	YES	400
19	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
20	0.7	145	101.5	12.0	7.78	43.0	YES	400
21	0.7	145	97.2	11.0	8.04	50.2	YES	400
22	0.8	145	118.9	14.0	7.74	37.5	YES	400
23	1.1	145	156.6	11.1	8.08	53.0	YES	400
24	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
25	0.7	145	98.6	12.0	7.71	41.8	YES	400
26	1.0	145	143.6	11.0	7.73	46.6	YES	400
27	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
28	0.7	145	98.6	12.0	7.88	44.4	YES	400
29	1.0	145	139.2	11.0	7.88	49.0	YES	400
30	OFF	145	#VALUE!	OFF	OFF	#VALUE!	OFF	OFF
31	0.5	145	75.4	12.0	8.07	46.6	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.

Revised February 2012